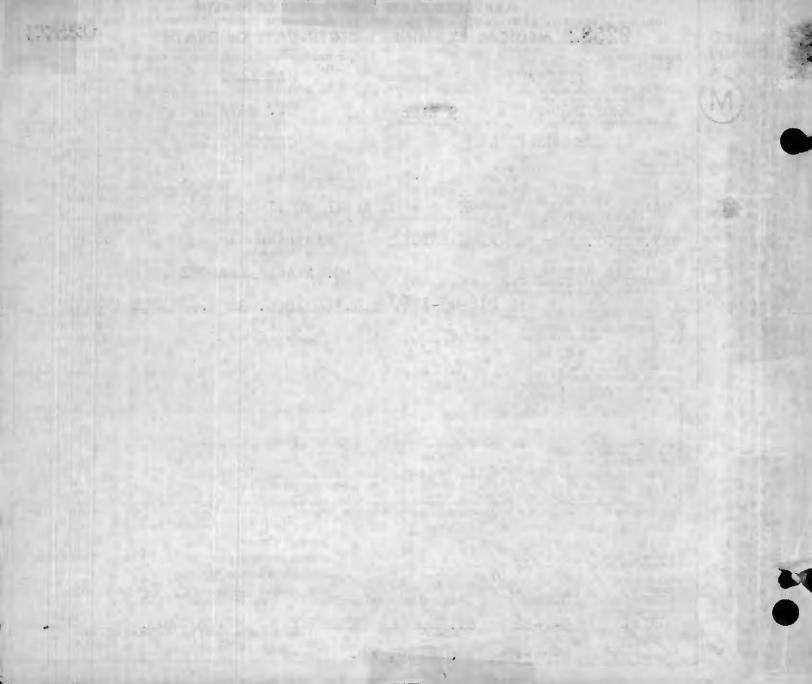
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5M 7/59	5	Jeseph	1. Du	est]	FROSTBURG,	MI	DATE MA	M 0 02			



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) y is necessary, ral director, Page I for your files. a. COUNTY Allegany Morgan MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Cumberland Paw Paw. W. Va. hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS eath. If any as 3 to the funeral day be retained for with the State 80 with the State 80. e. IS RESIDENCE ON A FARM? Memorial Hospital c/o Postmaster YES NO A NAME OF Middle 4. DATE Month DECEASED es 1, 2, and 3 to the Page 5 may be reil and 2 with the (Type or print) James Armstrong DEATH March 19 62 Irons 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) White Male Sept. II. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) hin 24 hours affer Give Pages 1, 2, rm PM3. Page 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Medical Doctor Marshalton, Del. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Armstrong Mary Banning 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewarordelesofservice) 36-30-3049A Mrs Jeannette Armstrong, Paw Paw, W. Va s certificate should be executed with ord "pending" in pencil in Item 18. at Examiner's Office along with 16 I be used as a burial-transit permit, mation, or removal, and in any er 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN PART F. DEATH WAS CAUSED BY 30 Min. CORONARY OCCLUSION IMMEDIATE CAUSE (e) DUE TO CORONARY SCLEROSIS WITH THROMBOSIS Conditions, if any, which gave rise to Immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19, WAS AUTOPSY PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. el work el work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry A and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE A DEPUTY MEDICAL EXAMINER Mar ch 14, 1962 NAME (Type) Benedict Skitarelic, M.D. Address (Street, city, lown, or county) R9 Cumberland, Md. 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 9 Burial Camp Hill 23. FUNERAL DIRECTORS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE YS. AISME Berkeley Spgs. W. Va. DATE MAR 1 9 '62 Circling S. Thomas Parks-Johnson Co., 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Total Control of the The state of the s detta short anoth oile to the state 102 000 1200 enteres agreem fraction THE WAR TO DESCRIPT TO DESCRIPT THE TOTAL OF THE PARTY OF and the second s The district of the second of The state of the s · SALES SELECTION SELECTION . The same of the selas olheon to, heleler bet. . Vs.

CERTIFICATE OF DEATH 02584 1. PLACE OF DEATH 2. USUAL BESIDENCE (Where deceased lived, if institution; Residence before edmission) e. COUNTY b. COUNTY WEST VIRGINIA ALLEGANY MINERAL MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) CUMBERLAND RIDGELEY e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? CARPENTER'S ADDITION MEMORIAL HOSPITAL YES NO Y completely 3. NAME OF Middle DATE Year DECEASED ANNA AUVIL DEATH (Type or print) MARCH 19 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH and last birthday) Months Days FEMALE WIDOWED K DIVORCED 1891 MARCH 1 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even il retired) II.S.A. ST. GEORGE W.VA. 13. FATHER'S NAME TAYLOR HULL MARGARET SPESSERT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give we ror detes of service) CUMBERLAND, MD. MEMBRIAL HOSPITAL. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO [a], stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 95 PERFORMED? NO F 2Da. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I of Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this DIRECTOR: After the should be detached WEDICAL 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | factory, street, office bldg., etc.) Walle Not While Hour a.m. at work at work 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR T PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) WILLIAM P. IAMES N. CENTRE ST., CUMBERLAND, MD. 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Parsons Cemetery Burial Parsons, W. Va 24 FUNERAL MIRECTOR'S SIGNATURE Ch 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) ISM 7/61 orge Cumberland, Md. DATE MAR 1 2 '62 arthur & France

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

WALT TO INTERIOR TEST MUSEUM E 17100 CI JE SEL JETIGEOH JAJAONSK 314014 · 1 + 92/11 . 5. 1. ST. CHARL, I.VI. Contraction of LENGTH SELECTIONS . . For M. Contra St., St. Stand, N. LICENSHIP. TAKES W. W-DETE and the Court land, of

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral

15M 7

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02585. PLACE OF DEATH 2. USUAL RESIDENCE (Whara doceased lived, H institution: Residence before admission) a. COUNTY b. COUNTY Allegany Maryland Allegany MABYLAND b. CITY OR TOWN (if outside carporate limits. a. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town)
Westernport 48 yrs. Westwternport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS A IS RESIDENCE ON A FARM? 324 Maryland Ave. 324 Maryland Ave. YES NO X 3. NAME OF Middle Dey Month DECEASED Marv Emma Barncord March DEATH 62 (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. last_bighday) Months Oct. 11, 1890 Female WIDOWED 1 DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | II. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home Allegany County, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John G. Deffinbaugh Jane Hitchens Address 324Md. Ave. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, pppor unkown) | (If yes give war or detes of service) Westernport, Md Billie Jane Fleek 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(18) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH WEDICAL 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work | et work 196 2- to....... 19....., 19....., that (I) (we) last 21. | certify that (I) (this hostilal) attended the deceased from..... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Wit Westernport. Maryland lliam W. Lesh 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF April 2.1962 Methodist Church Cem. Mt. Savage-Allegany Co. Westernport, Maryland 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE arthur S. Kines

prior to burial,

of Health

State Dept.

2

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02586 PLACE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) CALLEGANY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBE REARING DIX Dearest town) HOURS CUMBERLAND filled i STITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? AVENUES YES NO V. 309 PACA NAME OF Middle Month Day DECEASED (Type or print) DEATH 19 Allen* MARCH 03 and cor 6. COLOR OR RACE | 7. MARRIED | X NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER last birthday) Months Days MALE NOVEMBER 26. 1896 WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. KELLY TIRE CO. Policeman PENNSYLVANIA Glencoe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT ENGLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (If yes, give war or dates of service) 162-16-8129 MEMORIAL HOSPITAL - CUMBERLAND, MOINTERVAL BETWEEN Yes. 18. CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which [5] gave rise to immediate cause DUF TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1. 19. WAS AUTOPSY CERTIFICATION 5 Q PERFORMED? NO P 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) Month, Day, Year 20f_a(City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work rat work 21. I certify that (I) (this hospital) attended the deceased from 3/2-15 19..., 10. 2 / 6 / 6 2 19..., that (I) (we) last 12.30 thm Mhe causes and on the date stated above. saw the deceased alive on 228. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. 222. PHYSICIAN'S 22d. ADDRESS 122 S. CENTRE ST., CUMBERLAND, MD NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION ICity, town or county) REMOVAL [Specify] 0 Union Cemetery Meyersdale, Penna. Burial H 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) H. Wavne George Cumberland, Md. 15M 7/61 9 '62 DATEMAR arthur & Kleine

LRYLAND STATE DEPARTMENT OF HEALTH

\$ 50 SO O ALYAK Y. 0.33 YELECHEY CU LINE NO 13 HOURS CUPSERLAND THERT SAY TO STREET 507 PACE STREET JUCOS BELLE BENKERTES KELLY TIME CG. REMASYEVANIA MELE L.S. . , i. 4 tg: \$1 125 S. CENTAL ST., CO. L. LUFT, NO. In. I. J. HLLINE A CONTRACTOR OF THE STATE OF TH LIES - DEE NA - THE PROPERTY OF THE STATE OF THE PARTY OF

02578 CERTIFICATE OF DEATH 92587 director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY West Virginia MARYLAND Allegany Hampshire the funeral shavid be 6 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Romney 14 Days Cumberland e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Gravel Lane Fort Cumberland Apts. YES NO. and .5 Middle 4. DATE NAME OF First Last Month Day filled DECEASED 1962 campletely filler papers. Pages 1 DEATH Oliver Bowman March (Type or print) George death IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED SEX 83 yrs. Doys Months Hours Dec. 24, 1878 White Male DIVORCED | WIDOWED IX 10a, USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Farmer West Virginia U. S. and 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Bowman Lucinda Shears 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NO unknown) (If yes, give war or dates of service) None INTERVAL BEJWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) ONSET AND PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO cause (a), stating the underlying couse last. has been si OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART WAS AUTOPSY PERFORMED? YES NOT burial 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJUSY OCCURRED (Enter noture af injury in Part I or Part II of item 18.) 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Haur o. m. While Not while ot work ot wark p. m with 2/19 62 that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased from LV-VX 21962 and that death accurred at I.s. M., from the causes and an the date stated above saw the deceased alive an. DIRECTOR 22b. DATE 22a SIGNATURE ATTENDING. STAFF MED.
DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 3 shauld NAME (Type) FUNERAL Main St. Romney, W. Va. R. Brown M. D. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town or county) (State) 23a BURIAL CREMATION, REMOVAL (Specify) Ebenezer Romney, Buria] 0 256 REGISTRAR'S SIGNATURELLA 250. REC'D BY REGISTRAR 2 **ADDRESS** FUNERAL/DIRECTOR'S SIGNATURE Romney, W. Va. DATE 1SM 9/S9

death.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE & GARTI 92588 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY by the and 2 death. ALLEGANY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares fown b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 ᇕ write RURAL and give nearest lown) 2 Weeks .57 CHMBE LAND filled in Pages d. HAMP OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE hours ON A FARM? NAME OF DECE YES NO COLUMBIA completely 4. DATE Middle Month Dey OF (Type or print) DEATH within MA TO TE MARCH TONDER 1 YEAR and cor IF UNDER 24 HR 6. COLOR OR RACE 17, MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years last birthday) Months Days event, MIDOMED DIVORCED June physician 10a. USUAL OCCUPATION (Give kind of work 10b. KINL OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore gir country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housework At Home Marvland U.S.A. attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death .5 and William Bucy Stacia Shaw Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 'emoval, (Yes, no, or unkown) ! (If yes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTÉRVAL BETWEEN ONSET AND DEATH Acros broc PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Conditions, if eny, which gave rise to immediate cause DUE TO (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 ...) 19. WAS AUTOPSY CERTIFICATION as PERFORMIN NO BSD YES 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert It of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Day, Yeer 20f. (City or lown) (State) (County) factory, street, office bldg., etc.) While Not While Hour a.m. el work at work DIRECTOR , 19.6..., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... should 19(22 and that death occurred M. from the causes and on the date stated above, saw the deceased 22a. SIGNATURE ATTENDING MED SIGNED, PHYS. DIRECTOR 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial Hillcrest Burial Park ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 15M 7/61 Ruth E. Silcox DATE MAR 2 3 162 Cumberland arthur S. Three Marvland

requires that the

RYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Item 22b. Film G508 2. USUAL RESIDENCE (Where decased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside carparete limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) 65 yrs. Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 443 Fennsylvania Ave. Pennsylvania ave. YES NO X 3. NAME OF Middle 4. DATE DECEASED (Type or print) Butts G. DEATH 62 March 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Male WIDOWED X DIVORCED Oct. 25, 1880 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retirad) Retired Engineer Martinsburg, W. pages within Railroad USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry S. Butts Sarah J. Schade File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (Ifyat give war or dates of service) Mr. Paul H. Butts, Cumberland, Md. 18. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ansit SUDITEN PART I, DEATH WAS CAUSED BY: OCCLUSION COROHARY IMMEDIATE CAUSE (a) DUE TO Ü CORONARY SCL ROSISI Conditions, if eny, which gave rise lo Immediale cause DUE TO (a), staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T pino 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part I, of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Homa, form, Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While __Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection ... Inquiry AX and in my opinion death resulted from: Natural causesXXX Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE ! DEPUTY MEDICAL EXAMINER Cumberland, Skitarelic, M.D. Address (Street, city, town, or county) NAME (Typa) Benedict 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 226 DATE THEREOF I 22d. LOCATION (City, town, or country) (State) REMOYAL (Specify) ठ March 4,1962 Green ... ount Cemetery Burial Cumberland, ad. 23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE James F. Scarrelli, Cumberlana, Ad. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. NO 2581 Im Gold 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND Marvland Allegany Allegany b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lifetime Frostburg Frostburg (Grahamtown) e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Grahamtown YES NO NAME OF Middle 4. DATE Month DECEASED CHABOT DEATH 3 (Type or print) JEFFREY 26th19 62. BERNARD IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR last burthday) Months WIDOWED [DIVORCED T 9-17-59 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Maryland None Nona 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lois Fisher Bernard Chabot. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Frostburg, Md. None Bernard Grahamtown, Chabot. None 18. CAUSE OF DEATH [Enter only one cause per lige-for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) **DUE TO** Canditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notyre of 'njury 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.) 20c. TIME OF INJURY Month, Day, Year (County), (Slole) Nat while of work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Dr. Liquiry D. and find that Accident X Suicide . Homicide . Undetermined cause Natural couses | L CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** INTERUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 122b. DATE THEREOF 22d, LOCATION (City. (Stote) REMOVAL (Specify) Frosthurg Memorial Park Frosthung 0 Burtal Hafer Funerus Home VS. A15ME(5) Main. Frostburg. Md DATE MAR 3 0 '62 CITA & Kinus SM 9755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission) e. COUNTY director. Page or your files. **b.** COUNTY ALLEGANY ALC: UNKNOWN b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) CUMBERLAND RURAL CUMBERLAND 60 YEARS retained for y d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? BEDFORD ROAD, ROUTE BEDFORD ROAD, ROUTE 3, YES NOCK 3. NAME OF 4. DATE Middie Month DECEASED with the (Type or print) DEATH ADA COLLINS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR IF JNDER 24 HRS. 2 with Page 5 ma last birthdey) Months Devs WIDOWED XX DIVORCED JUNE 30, 1881 10a. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWARD OWN HOME W. VA.

14. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME ALEXANDER LAMP MARY DeHAVEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no or unkown) (If yes give wer or detes of service) MRS. CORNELIA STUMP, ROUTE 3, CUMBERLAND, MD 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary Edema; Cardiac Decompensation pue JI-5 Hrs. IMMEDIATE CAUSE (a) DUF TO certificate should Chronic Myocarditis Conditions, if eny, which Years geve rise to immediate cause DUE TO (e), stating the underlying Arteriosclerotic Cardiovascular Disease cremation, or PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief age 3 The Car 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Slete) Not While (ectory, street, office bidg., etc.) While et work et work OR: 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry by notining vm ni bns axecute the certific u.d be forwarded the NERAL DIRECTOR death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be fo March 28. 1962 DEPUTY MEDICAL EXAMINER X Benedict Skitarelic, M.D. Address (Street city, town or county) R9 Cumberland. Md. NAME (Type) 226. BURIAL, CREMATION, 225. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) REMOVAL (Specify) ₫40 g BURIAL HILL CREST BURIAL PARK K CHMBERTIAND MD.
24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME BYRON KIGHT Culling S. France CUMBERLAND, MD. 5M 8 80

MARYLAND STATE DEPAREMENT OF MEALTH



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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) a. COUNTY a. STATE **b.** COUNTY ALLEGANY ATJEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest lown) 60DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS SACRED HEART HOSPITAL ON A FAILW 509 VALLERY STREET YES NO I. NAME OF 4. DATE Middle Month DECEASED OF DEATH (Type or print) JOHN COYLE 6. COLOR OR RACE 7. MARRIED AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH IF JNDER 24 HRS NEVER MARRIED birthday) Months Doys Hours Min. MALE WIDOWED | DIVORCED 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY , 11. BIRTHPLACE (County & Stella, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dong during most working life, even if retired) UNITED STATES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY COYUE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17 INFORMANT Address (Yes, ar unkown) (Hyesgivawerordelesofservice) CHART 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Zmos IMMEDIATE CAUSE (a) DUE TO arterio releveris Conditions, if env. which gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED) YES. NO 20e ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) [County] (State) factory, street, office bldg., etc.) Not While While Hour e.m. et work et work .., 1961, to .. March 3, 19.63-that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from Jealer 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN' BEDFORD STREET 23c. NAME OF CEMETERY OR-CREMATORY LOCATION (City, town or county) DIRECTOR'S SIGNATURE 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

funeral

8

physician

attending pl

and

director, be filed \

O.

VR A15 (4) 15M 7/61 6 10 ì

DIVISIO	N OF STATISTICAL RES		s, 301 W. PRESTON STRI	EET, BALTIMORE 1,	MARYLAND 02584
PLACE OF DEA	ALLEGANY N (if outside corporate limits,	MARYLAND	2. USUAL RESIDENCE (Where e. STATE MARYLANI	b. COUNTY I	LLEGANY
MT. S d. NAME OF HO	and give neerest town) AVAGE SPITAL OR INSTITUTION (if not in i	LIFETIME	MT. SAVA		e. IS RESIDENCE ON A FARM? YES \ \ NO \(\overline{\chi}\)
3. NAME OF DECEASED (Types or print) 5. SEX FENTALE		RIED NEVER MARRIED	UNNINGHAM Last UNNINGHAM DEAT	9. AGE (In years IF UNDER last birthday) Months	1ST. 19 62
Ton. USUAL OCCUM	PATION (Give kind of work working life, even if retired) EEPER	WED DIVORCED . KIND OF BUSINESS OR INDUST HOUSE WORK	NOV.16TH, 1872 TY II. BIRTHPLACE (County & Siate) MARYLAND 14. MOTHER'S MAIDEN NAME	ar fore gn country) 12. C	TIZEN OF WHAT COUNTRY
The set of	TCK CUNNINGHAN EYER IN U.S. ARMED FORCES? (If yes give war or dales of service) P DEATH Enter only one cause po	_ M	ANN KELLY INFORMANT ISS MARY MURRAY	Address Y, MT.SAVAGE	E, MD.
N D Y E -	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO (b) Hediote cause	reportable	el mariffecia	i ite	ONSET AND DEATH
HYSICIA • hospital • priority or certifica prior to as INTRICATION ON CONTRIBUTION O			OT RELATED TO THE TERMINAL DISEAS		19. WAS AUTOPSY PERFORMED? YES NO
DAGE OF INTERIOR O	n. Wi		ACE OF INJURY (Home, farm, 20f. (Clory, street, office bldg., etc.)	City or town) (Co	unty) (Stele)
21. I certify saw the dec 22a SIGNATUI 22c. PHYSIC AT NAME (T)	that (I) (this hospital) attended alive on. J. C.		death occured of AM, from MED. PHYS. DIRECTOR 22d. ADDRESS	om the causes and on	22b. DATE SIGNED
VR AIS (4) VR AIS (4) 15M 7/61 NAME (T) 23e. BURIAL, CREM BUHLAL 24 FUNERAL DIRECT	3-5-62	23c. NAME OF CEMETERY ST. PATRICE ADDRESS FROSTBURG,	S CEMETERY M	T. SAVAGE, ISTRAR 25b. REGISTRAR'S '62	MD.



24 hours after

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH



ADVIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE . PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before admiss on) is ne. director. Per your files. a. COUNTY b. COUNTY ARYLA'D ALIEGAL Y ATTEGATE MARYLAND b. CITY OR TOWN (if outside corporale limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) for your JRAI J. CULL LA.D. MANYLAID NTAL of Cumberland Board a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS ON A FARM? retained he State B YES NO T DuA emorial Hospital Cresartown, Maryland 3. NAME OF Month Middla DECEASED ŏ the t DEATH (Typa or print) March Alex Densock AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 16. COLOR OR RACES 7. MARRIED THE NEVER MARRIED last birthday) Months Days Hours 63 yrs. WIDOWED [DIVORCED Malle 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (Stala or fora gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Albert. W. Va. Celanese Corp. Prep. Dept pages | within 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosa (Unknown) Anthony Jensock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas giva war or dates of service) Ers. Dora Densock 1214-07-3391 Gresaptown, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Finter only one cause per line for (a), (b) and (c).] ONSET AND DEATH Office along PART I, DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) certificate should be DUE TO removal, CORONARY SCLEROSIS WITH THROMBOSIS 252525 Conditions, if env. which gave rise to immediate cause ro DUE TO (a), stating the underlying MYOCARDIAL INFARCTION. causa last pesn PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO -20h. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20s. EXTERNAL CAUSE WAS should PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., alc.) Not While Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 💢. inspection 💢. Inquiry Y and in my opinion 0 Undetermined manner Natural causes Da Accident Suic de Homicide DIREC CHIEF MEDICAL EXAMINER execute the call be forward ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for DEPUTY MEDICAL EXAMINER X March 6 1962 SKITARELIC. M.D. Address (Street, cty, town, or county) R 9 Cumberland NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 228, BURIAL, CREMATION REMOVAL (Spacify) 40 6 Hillcrest Burial Park Cumberland, Maryland Purial ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. ATSME P umberland, Maryland John J. Hafer DATE arthur & Henry 5M 9/60



RYLAND STATE DEPARTMENT OF HEALTH



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MAR FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH *J*oepj 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, If Institution, Residence before edmission) a. COUNTY **b.** COUNTY MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest lown) FROSTBURG d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) DEATH ELEANOR LEE 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yours | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months WIDOWED TY DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOLSEWIFE HOUSEWORK USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAURICE LEE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give were redetes of service) DOYLE BOX 58 GARRISON 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED CERTIFICA 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Port I or Port II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d, INJURY OCCURRED, 20e, PLACE OF INJURY (Home, farm, 20f, (Cite or fown) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection M Inquiry and in my opinion death resulted from: Natura) causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DI ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE TITY MEDICAL EXAMINER [EXAMINER'S NAME (Type) Address (Street, city, town, or county) 16 226. SURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stote) REMOYAL (Specify) SPRING CEMETERY 040 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. AISME FROSTBURG. 5M 7/59

YLAND STATE DEPARTMENT OF HEALTH



	DIVISION	OF STATISTICAL	RESEARCH AND RECORD		STREET, BALTIMO	RE 1, MARYLAND		
		02599	CERTIFICA	TE OF DEATH		02590		
	1. PLACE OF DEAT	гн legany		2. USUAL RESIDENCE •. STATE Md.		Institution: Residence before edmission)		
	b. CITY OR TOWN	(if outside corporate limits, and give neerest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write	e RURAL and give nearest town)		
X	d. NAME OF HOS	PITAL OR INSTITUTION (IF	not in hospital, g ve street address)	d. STREET ADDRESS		e. IS RESIDENCE		
	124 Joh	nson		/ 124 John	son	ON A FARM?		
	3. NAME OF DECEASED (Type or print)	Kenneth	Raymond Fazer	nbaker	4. DATE Month OF DEATH MAT	~ ~ ~ ~ ~ ~ ~		
	5. SEX	6. COLOR OR RACE 7	. MARRIED A NEVER MARRIED	B. DATE OF B.RTH	9. AGE (In yeers			
	Male	White	WIDOWED DIVORCED	Nov. 5, 1883	last-birthdey)	Months Days Hours Min.		
/	Boiler Ter	ATION (Give kind of work working life, even if retired)	Paper Mill	Allegany-M		12. CITIZEN OF WHAT COUNTRYS		
	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
	Conrad Fazenbaker Elizabeth Bishop							
	(Yes, no, or unkown)	VER N U.S. ARMED FORCE (Ifyesgivewerordetesofser			Address			
	no		216-09-7990	Mrs. Kennet	n R. Fazenbak	er-Westernport, Mc		
		TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	euse per line (a), (b), end (c).]	Lend Fr	ilm	ONSET AND DEATH		
	f*	DUE TO				h 1		
	Conditions, if e	101	alleria.	schrosin -	Elmeralized	The hos		
	(a), slating the	N DITE TO						
	ceuse lest.	(c)	ONS CONTRIBUTING TO DEATH BUT N	IOT DE ATED TO THE TENHAN	AL DICEACT COND TION CITY	The ship to the same of the sa		
0	PART II. OTH	EK SIGNIFICANT COND III	ONS CONTRIBUTING TO BEATH, BUT P	NOT RELATED TO THE TERMIN	AL DISTASE CONDITION GIV	PERFORMED?		
	S 2Dm ACCIDENT	WAS UNDERLYING [] 1	ZOB. DESCRIBE HOW INJURY OCCUR	D (Enter nature of injury in Pr	art Lor Part L of item 18 3	YES NO		
	OR CONTRIBUTIN	G CAUSE OF DEATH		,,				
	ZOc. TIME OF IN	JURY Month, Dey, Yeer	2Dd. INJURY OCCURRED 2De, Po While Not While	ACE OF NJURY (Home, ferm, ctory, street, office bldg., etc.)	2Df. (C'ty or town)	(County) (State)		
S IN	Ψ, p,m	. 19	et work et work					
				all a		, 19, that (I) (we) las		
			1%1%_2 and the	at death occured	RM, from the causes	and on the date stated above		
	220. SIGNATURE	felliam W	Lesh	M.D. PHYS. DI	ED. STAFF RECTOR PHYS.	22b. DATE SIGNED		
1	22c. PHYSICIAN' NAME (Typ		esh	Westernpor	t, Md.	A.4.		
	23e. BURIAL, CREMA	TION, 236. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION City, to	vn at county) (Stele)		
	REMOVAL (Special Burial	1 3/21/82	Philos		Westernport			
		3/21/82	Philos ADDRESS Westernport, M		D BY REGISTRAR 256. REG			



FROSTBURG, MD.

ISM 7 61

ALLEGANY

Months

(County)

FROSTBURG.

enting E. Thomas

DATE MAR 2 7 '62

e. IS RESIDENCE

PERFORMED

(State)

22b. DATE

(State)

12. CITIZEN OF WHAT COUNTRY?

ON A FARME YES NO T



1	Ì	MARYLAND STATE DEPARTMENT OF HEALTH
1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		02600 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02591
HEALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if institution; Residence before edmission) a. STATE b. COUNTY
Page Page Iles.		Allegany Maryland Marvland Allegany
file file		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
/ A Æ \$ \$ \$		Cumberland. Cumberland.
FE CHAIN		d NAME OF HOSP,TAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM?
deral leral		Memorial Hosp. 213 N. Mechanic St., YES NO X
any de e funer stained State State	3.	NAME OF First Middle Last 4. DATE Month Dey Yeer DECEASED OF
ar de re	_	(Type or print) CATHERINA Frances FISHER DEATH March 5, 19 62
表を表	5.	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR
and and 2 v	_	Female White WIDOWED DIVORCED Aug. 0; 1004 17 yrs.
affe 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1		. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
pours pages 1 pages 1 in 7		Housewife, Own home Baltimore, Md. U. S. A.
24 hour pages pages within	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
> = 0 = 1	<u> </u>	Edward Zapf Catherine Barice
1 wethin 18. Gi	(Ye	WAS DECFASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address as, no, or unkown) (Ifyesgivewerordatesofservice)
ed y with with serm	-	No. None Mrs. Francis T. Twigg Cumberland, Md.
il in li long v ansit p		DART I DEATH WAS CALISED BY. CONTROL A T TENTE CONTROL OF THE CONT
and		immediate CAUSE (e)
Id b fice fice rial-		Conditions, if only, which hypertensive arterioscierotic disease
should should 's Office a buria	1	cave rise to immediate cause
お 法 重 炎 デ		(a), stating the underlying DUE TO cause lest,
	z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, e); 19, WAS AUTOPSY
This certific word "pe dical Examuld be use cremation,	CARON	URENIA: CHRONIC GLOMERULONEPHRITIS PERFORMED? YES NO []
: This edica edica culd	I S	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enfor nature of injury in Part I or Port I, of them 18.)
She She	CERTIFI	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
MINI rriting Chief Ge 3	N S	20c. TIME OF INJURY Month, Day, Year 20d. NJJRY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (C by or town) (County) (State)
Writing Chicago	MED	Hour e.m. While Not While fectory, street, office bidg., etc.)
Cate O.R.:	1	21. I certify that I took charge of the remains described above, held an Autopsy XX. Inspection XX. Inquiry XX. and in my opinion
A E B B ti		death resulted from: Natural causes 🔼 Accident 🗍. Suicide 🔲 Homicide 🗍. Undetermined manner
TEDIC the ce rward DIRE		CHIEF MEDICAL EXAMINER
		SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
RA Be ign		DEPUTY MEDICAL EXAM.NER X March 5, 1962
des des		EXAMINER'S NAME (Type) BENEDICT SKITARELIC II.D. Address (Street, city, town, or county) R9 Cumberland, Md BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stoffe)
	22	REMOVAL (Specify)
0 240 9	25	Burial 3/8/62 Hillcrest Burial Park Cumberland, Maryland ADDRESS 246. REC'D BY REGISTRAR 246. REG. STRAR'S SIGNATURE
VS. AISME	23	Charles I Comme Cumberland Md
SM 9/60 RZ	L	Charles L. George Cumberland, md. DATEMAR 1 62



		62601 CER	TIFICATE OF DEAT	H Boo Bis N	00500
	1. P	LACE OF DEATH	2. USUAL RESIDENCE (W	Reg. Dist. N /here deceased lived. If institution Residence be b COUNTY	fore admission)
	- 1:	c. CITY OR TOWN (If outside corporate limits, write c LENGTH OF ST	10.	outside corporate limits, write RURAL and give r	
1		RURAL and give nearest town) FRCSTBURG 15-12	hux MIDL.	AND	
1	,	1. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MINERS HUSPITAL	d. STREET ADDRESS		e. IS RESIDENC ON A FARM YES NO
		NAME OF First Mid DECEASED Type or print)	dle Lost GREEN	4. DATE Month OF DEATH MARCH 2.	Day Year
1	S S	MALE WILLTE WIDOWED DIVOR	RRIED 8 DATE OF BIRTH	9 AGE In years IF UNDER 1 YEAr last birthday) Months Doys	Hours Mi
	10a.	USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINES during most of working life, even if retired)	7/1/5-		OF WHAT COUNT
1		NONE NONE			5.19,
		FATHER'S NAME WE NSON DEAN GREEN	14. MOTHER'S MAIDEN		
	<u> </u>	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	01110.	TANE BLUBAUS H	
	(Yes,	no, or unknown) (If yes, give war or doles of service)	NO.	Agur 633	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and	(0.1	IIN	ITERVAL BETWEE
			ASIS OF RIGHT	T LUNG	NSET AND DEA
		DUE TO			
	П	Conditions, if any, which) (b)			
		gave rise to immediate DUE TO			
]_	lying cause lost. (c)			
1	ICATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	NONE		19 WAS AUTO PERFORME YES NO
	II CERT FI	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUST OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in	Part I or Part If of item 18.}	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Haur a m. p. m. 19 While Not work at york	20e PLACE OF INJURY (Hame, far factory, street, after bldg., et		γ) (
		21. I certify that I attended the deceased from	3/24 , 1962, to_	3/25 , 1962 that I last so	aw the dece
				M, from the causes and on the da	
		ACTUAL SIGNATURE SURVEY STATES	nD M.D. 48 BRUA	ADDRESS (Street, city or town, state) -DEVAY - FROSTO LLRE	DATE SI
1		PHYSICIAN'S MARTIN M. ROTETST	EIN MID		
	220.	BUR AL, CREMATION, 22b DATE THEREOF 22c. NAME OF C	EMETERY OR CREMATORY	22d, LOCATION (City, town, or county)	(State)
			11 Cemetery	Lonaconing	Md
	Lon I	FUNERAL DIRECTOR'S SIGNATURE Hafer Furpersal	Home 240 PEC	"D BY REGISTRAR 24b, REGISTRAR'S SIGNAT	URF
Q	23.		ostburg, Md DATE	TO BY REGISTRAR 246. REGISTRAR'S SIGNAT	



RYLAND STATE DEPARTMENT OF HEALTH

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- TO	02603 CERTIFICATE OF DEATH 02594
hours after the funeral and 2 shalld eath.	1. PLACE OF DEATH a. COUNTY ALLEGANY ALLEGANY ALLEGANY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. STATE WEST VIRGINIA COUNTY HAMPSHIRE
24 hour n by the 1 and 2 x death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) CUMBERLAND c. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) HR. 45 MIN. POINTS, WEST VIRGINIA
filled in Pages urs afte	d. NAME OF HOSPITAL OR INSTITUTION THE PROPERTY OF THE ALL STREET ADDRESS 8. IS RESIDENCE ON A FARM?
letely pers. '2 hor	MEMORIAL HOSPITAL AVES. 3. NAME OF DECEASED Middle Last 4. DATE Month Day Year OF
d complete within 7	(Type or print) SAMUEL C HAINES DEATH MARCH 14 1962 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min Min Months Days Days
certificate be thysician and remove carb any event, w	MALE WHITE WIDOWED DIVORCED JANUARY 5-1885 77 yrs Months Deys Hours Min 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
D. as	Tarmer WEST VIRGINIA U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
the death attending the please val, and in	STEPHEN HAINES MARY ROWZEE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address
that the in. the attenuit. Then emoval, a	(Yes, no, or unkown) ((Ifyesgivewarordelesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN
equires shysicia med by sit perm on, or r	PART I. DEATH WAS CAUSED BY. Jorminal Congestion blant failine ONSET AND DEATH
nding p nding p een sig ial-tran	Conditions, if any, which DUE TO aramice motoformal, type Keenes wrotest.
N: The or after a has be the burial, o	(a), steting the underlying DUE TO alenoular Conditionally Process ?
SICIA ospital ortificate use as to to to to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO []
this ce to for a	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
VDING ined by the After detache of He	20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Hour e.m., While Not While fectory, street, office bldg., etc.)
ATTE be reta CCTOB uld be	21. I certify that (I) (this hospital) attended the deceased from 7
may DIRE 3 shot	22a. SIGNATURE ALL CALLES VON STAFF ATTENDING MED. STAFF SIGNED 14 M.D. PHYS. DIRECTOR PHYS. 14 M.D. 14 M.D. 16 MED. 14 M.D. 16 MED. 14 M.D. 16 MED. 18 ME
FUNERAL retor, page filed with t	22c. PHYSICIAN'S NAME (TYPE) OR. VAN ORMER 22d. ADDRESS 122 S. CENTRE ST. CUMBERLAND, MD.
o Fun director, be filed	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cyty, town or county) (State) REMOVAL (Specify) 3/17/19/67 10/1
VR A15 (4) 15M 7/6t	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CHARLEST TO DATE SAR 2 1 252 ADDRESS DATE SAR 2 1 252
	The state of the s

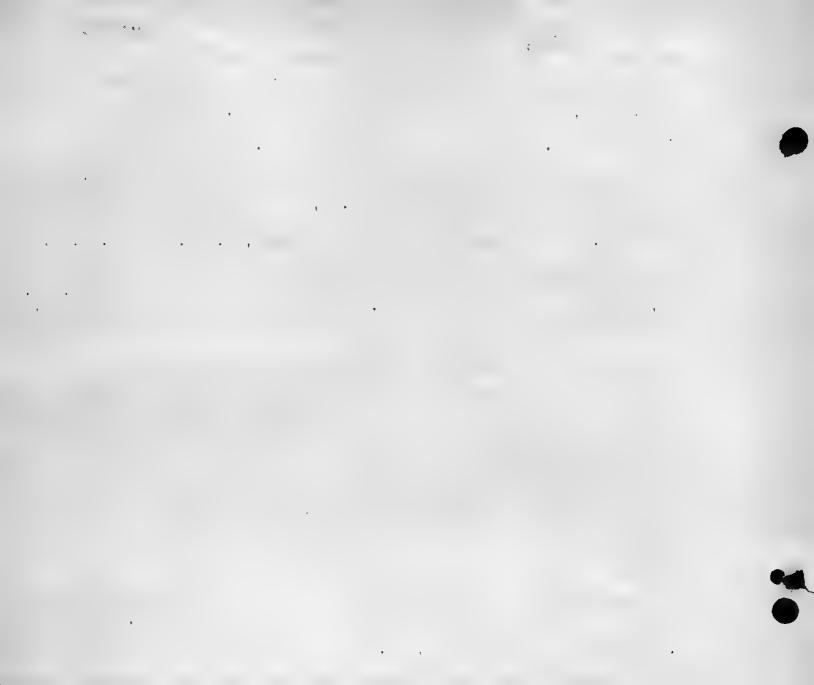
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1	MARYLAND STATE DEPARTMENT OF HEALTH	
Should N	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, I	02599
death M	b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits write RURA	Allegany _
ours affer d	write RURAL and give neerest town) Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) All New Hampshire Ave.	a. IS RESIDENCE ON A FARM? YES NO
Within 72 ho	Mary L.	4, Pear 62 DER 1 YEAR IF UNDER 24 HRS. This Deys Hours Min.
iny event	The Wildower Divorced May 9, 1874 87 yrs. 10e. USLAT OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Ownhome Cumberland Maryland	CITIZEN OF WHAT COUNTRY
and in a	13. FATHER'S NAME Anthony Meier Lens Helman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ENFORMANT Address	
or removal,	(Yes, no, or unkown) (Ifyesgivewarordetesofservice) None Mrs. Monroe W. Hymes 617 E 16. CAUSE OF DEATH [Enter only one cause per une for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Iwood St. INTERVAL BETWEEN ONSET AND DEATH
burial, crematio	Conditions, if eny, which gover rise to immediate cause [a], steling the underlying couse last. DUE TO Couse last.	s 4 arts
n prior to b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PART ([a] 19. WAS AUTOPSY PERFORMED? YES NO A
198 I 198 II		(County) (State)
ihe State Dept	21. 1 certify that (I) (this hospital) attended the deceased from """, 19 to "", 19 to	on the date stated above
ector, page filed with t	22c. PHYSICIAN'S NAME (TYPE) Durrett Cumberland, Id. 22d. ADDRESS	
1	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or CREMATORY 23d. LOCATION (City	aryland
14)	James F. Scarpelli Cumberland, d. DATMAR 20'62 Cittles	2. Kraus



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 02609CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) n COLINTY filed o. STATE h. COUNTY MARYLAND ALTEGATS MARYLAND $\mathtt{ALI}\!:\!\!\mathtt{EGA}_{1}\!\!.$ CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) pe RURAL and give nearest tawn) shauld Cumberland umberl*a*nd d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 57 YES NOT 608 Kent Avenue 608 Kent Avenue and NAME OF First Middle 4. DATE tast Manth Day DECEASED OF DEATH Maggie Incles March ages (Type or print) \$ SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours DIVORCED WIDOWED TH Female 100 USUAL OCCUPATION (Give kind af wark dane 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Lonaconing, Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Douglas attending physicion please remave o 를 Mary Graham 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO Address 608 Kent Aves Cumb Hone INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per ling for to) (b), and (c). ONSET MITTO, DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO Canditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19 WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 29c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, farm, 20d INJURY OCCURRED 20f. (City or town) (State) (County) foctory, street, office bldg., etc. Hour a.m. Not while While at wark ot work p. m 2) I certify that (I) (this haspital) attended the deceased from That (I) (we) lost and that death occurred at () sow the deceased alive on M, from the causes and an the dote stated above. 22b, DATE SIGNED ATTENDING PHYS DIRECTOR [MD HYS CLAN'S 226 ADDRESS 230 BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) uria Oak Hill Cemetary Lonaconing. **ADDRESS** 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 250, REC'D BY REGISTRAR DATEMAR 1 4 162 carina & France Cumberland, Mar lad John J. Hafer

MARYLAND STATE DEPARTMENT OF HEALTH

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ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY **b.** COUNTY Allegany Maryland by the and 2 death, MARYLAND b. CITY OR TOWN (if outs de corporate limits E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) 16/57 5 Cumberland Cumberland Pages d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? County Infirmary 216 Central YES NO K Avenue completely 3. NAME OF Middle Last DECEASED (Type or print) Rila Jenkins DEATH 19 62 Maize March 26. IF UNDER 24 HRS 6 COLOR OR RACE , 7. MARRIED NEVER MARRIED AGE [In years | IF UNDER 1 YEAR | 8. DATE OF BRTH last birthday) Months Hours 1880 DIVORCED Femal e WIDOWED T please remove c 10a. USUAL OCCUPATION IG ve kind of work I 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE . County & State, or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ret red) Pennsylvania U. S. A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Hite Mandy Miller 16. SOCIAL SECURITY NO. 1 17. INFORMANT P.O. BOX 599 15. WAS DECEASED EVER N.U.S. ARMED FORCES? Address Cumberland, Md. (Yes, no. or unkown) i (Ifyesgive war ordates of service) Allegany County Infirmary records. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY Secretaries Decell IMMEDIATE CAUSE (e) **DUE TO** gave rise to immediate cause (e), stating the underlying CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PART II OTHER SIGNIE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. CERT.FICATION PERFORMED? NO K 20a ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. al work at work /26/62..., 19, that (I) (we) last 21. | certify that [] (this hospital) attended the deceased from. 3/ .., 19, to .. 3/ 22b. DATE SYGNATURE SIGNED ATTENDING. PHYS. DIRECTOR PHYS. MID 22d. ADDRESS PHYSICIAN" NAME [Type] В. Greene St., Cumberland, Md. 23d. LOCATION (City, Jown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Mt. Plesent Cem. Cumberland . Md . Burial B BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 25a. VR A15 (4) 24 FUNE AT DIRECTOR Com may & Firaux Cumberland, Md. DATE

hours after

certificate

death

that the

ARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased rived, If Institution, Residence before admission) e. COUNTY I director. Page or your files. b, COUNTY Maryland Allegany Allegany MARYLAND b. CITY OR TOWN (if outside corporete Limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM 105 So. Centre retained he State B Memorial Hospital YES NO X 3. NAME OF First Midd e DATE Month DECEASED the Helen May Johnson 19 62 (Typa or print) DEATH Mar. 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 90 yrs. Months Feb. 3. 1872 Female WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) nin 24 hou. Give Pages 1 RM3. Pa Home Cumberland. Md. U.S. Housewife pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J. Neff Smouse Elizabeth Wolford e along with form P. sal-transit permit. File p. i., and in any event executed within 2 cit in them 18. Give slong with form P 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng or unkown) (If yes give wer or detes of service) Mrs. Ruthella Fey Cumberland, Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL ANEURYSM, CORONARY OCCLUSION. ing" in pencil i sr's Office alon is a burial-trans removal, and CORONARY SCLEROSIS WITH THROMBOSIS Conditions, if any, which (b) Also: gave rise to immediate cause "pending" CORONARY SCLEROSIS (a), steting the underlying 92 Examiner Hydrothorax, bilateral used ion, o PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical Ex should be u YES 📆 NO 🗔 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY (State) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work | et work 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection 📆. Inquiry XX and in my opinion forwarded I death resulted from: Natural causes Suic de Undetermined manner [Accident Homicide CHIEF MEDICAL EXAMINER the should be forward brings by the should be forward to the should be ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED MARCH 10, 1962 DEPUTY MEDICAL EXAMINER Address (Street, c'ty, town, or county R9 Cumberland, Md. NAME (Type) SKITARELIC, M.D. Addi 22a. BURIAL, CREMATION 22d. LOCATION (City, town, or country) REMOVAL (Specify) Rose Hill Cem. ₫40 g 3/13/62 Burial Cumberland. Md. ADDRESS 24a. REC'D BY REG STRAR | 24b. REGISTRAR S S GNATURE 23. FUNERAL DIRECTOR VS. A15ME-Charles Cumberland. Md. George 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH

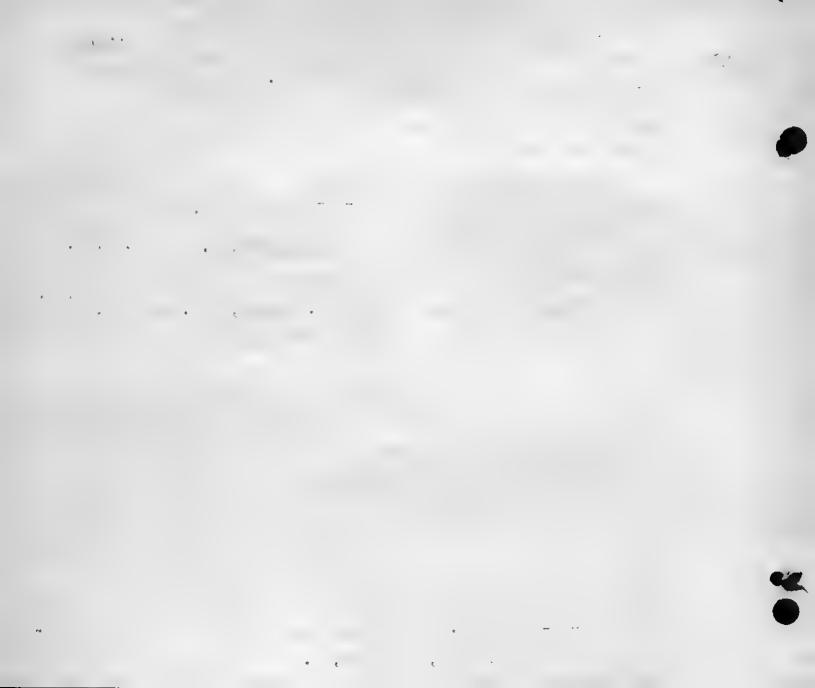


funeral should hours after \$ 7 £ filled in Pages completely paper physician attending ph Then please re eval, and in a VR A1S (4)



L 77		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02613 CERTIFICATE OF DEATH 02604
the funeral	M	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md. COUNTY Allegany
in by 11 s 1 and 18 s 1 and 19 s 1 and 19 s 1 s 1 s 1 s 1 s 1 s 1 s 1 s 1 s 1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frostburg C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frostburg
sly filled	61	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ### d. STREET ADDRESS a. IS RESIDE ON A FA YES NAME OF NOTE:
mplete paper		3. NAME OF first Middle Last 4. DATE Month Day Year DECEASED (Type or print) Cecelia Jane Kenney DEATH 3 9 1962
certificate be ex hysician and cor remove carbon any event, withi		5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24
		10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or loroign - untry) 12. CITIZEN OF WHAT COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN RAME 14. MOTHER'S MAIDEN RAME 15. A.
hat the death the attending p t. Then please moval, and in	(I)	Thomas Broderick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) (Ifyosg, voewer or dates of service) NO None None Robert J. Kenney, 70 W. Main St. Free Liver And Death
ding physiciar ding physiciar ben signed by al-transit permi		PART I, DEATH WAS CAUSED BY: THE CAUSE (a) IMMEDIATE CAUSE (b) DUE TO Conditions, I any, which gave rise to immediate cause
I.A.N. The tall or after cate has by as the burill to burial, c	0	(a), stating the underlying DUE TO Cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO
PHYSIC the hospi this certifi of for use		208. ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) YES NO Y
NDING sined by R: After detache		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State Hour a.m. While Not While at work at work at work at work
CTOI Id be		21. I certify that (I) (this hospital) attended the deceased from the deceased alive on 1961, and that death occured at 1.17M, from the causes and on the date stated at
Fa AI OR I Fa A may be INERAL DIRE or, page 3 should be shall	ı	226. SIGNATURE ATTENDINGS MED. DIRECTOR STAFF PHYS. 226. DIRECTOR PHYS. 226. ADDRESS NAME (Type) LU MI (Lu Lu L
P dir File	0	235. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial 3-12-62 St. Michaels Compton Prostburg Md.
VR ATS (4) 1SM 7,61	M	Burial 3-12-62 St. Michaels Comoter Frostburg Md. 24 FUNERAL DIRECTOR'S SIGNATURE Hafer Funeral Home 255. NCO BY REGISTRAR'S SIGNATURE Bull H. Wirelscart 23 E. Main, Frostburg, Md Date WAR 15'62 Coming & Home

MARYLAND STATE DEPARTMENT OF HEALTH



-		02614 CERTIFIC		02605
M	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased layed, If it	
		ALLEGANY MARYLAN	STATWEST VIRGINIA 6. COUNT	Υ
		b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	1b c CITY OR TOWN (If outside corporate limits, write	RURAL and give neerest town;
,	_	CUMBERLAND 4 DAYS	PAW PAW	. * _ * * = = = = = = = = = = = = = = = =
(H. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d STREET ADDRESS	IS RESI
		MEMORIAL HOSPITAL		YES _ h
1	3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
1	_	(Type or pdnt) MARSHALL	KIDWELL DEATH MAR	
• /	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Hours
	10	MALE WHITE WIDOWED DIVORCED	JULY 10, 1882 79 yrs.	8 15
	do	ne during most of working life, even if refired)	USTRY 11. BIRTHPLACE (County & Stele, or fore gn country)	12. CITIZEN OF WHAT CO
	I		SLANESVILLE, W.VA.	U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	16	JOSEPH KIDWELL	CORDELIA KIDWELL	
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10, no. or uprown (lifyesgivewer or deles of service) 3 2 - 26-0460		
			MEMORIAL HOSPITAL CUMB	ERLAND, MD.
		18. CRUSE OF DEATH [Enter only one cause per una for (e, (b), end (c).] PART I. DEATH WAS CAUSED BY:	CHARL HOUT DOWN CAL	INTERVAL BETWO
		IMMEDIATE CAUSE (6,	SHOCK: HEPATO-RENAL FAIL	-UKE 24 TO 4
		S 4 / DUE TO CENTEROUSED	PERITONITIS	4 24
		Conditions, if any, which gave rise to immediate causa	PERTIONITY	7 04
		(e), steting the underlying DUE TO RIPTIONS DURING	DENAL ULCER	5-2
-	Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		N IN DADT 1611 10 WAS ALL
U	DI.	TAKE TO THE STOTE CONTINUES CONTINUES TO SEATING TO SEATING TO	THOU KEENTED TO THE TENNINGE DISEASE CONDITION SIVE	PERFOR
	ΒÜ	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URED (Enter nature of injury in Pert I or Pert II of tem iB.	YES NO
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Tank have a vilary in fact for fair it of fact it,	
			PLACE OF INJURY (Home, ferm, 20f. (City or fown)	(County) (Si
	WEDICAL	Hour a.m. While Not While	factory, street, office bldg., etc.)	(-0011)1 (3)
	*	p.m. 19 at work at work	MARIN 19 10/21 MADELL	22 1/20
		21. I certify that (I) (this hospital) attended the deceased from	The second secon	
		saw the deceased alive on. MARLIT. 22. 1967., and	that death occured 6.430 M. Mom the causes a	and on the date stated
		Richard & Arbeir Allen	ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS.	42b,
,		22c PHYSIC AN'S	M.D. PHYS. DIRECTOR PHYS.	
/		NAME (Type) RICHARD SCHINDLER	69 GREENE ST., CUMBER	LAND, MD.
1	238	BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETI		
		301 x17 3/25/62 care 21	ill P. P.	mana
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	W.V4/250. REC'D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** CERTIFICATE OF DEATH RFALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution: Residence before edmission) y is necessary, I director. Page or your files. . COUNTY b. COUNTY Mery land Allegany Allegany MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Cumber Land years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d STREET ADDRESS IS RESIDENCE ON A FARMI retained he State E 315 Broadway Circle 315 Broadway YES NO X 3. NAME OF Midd e DATE DECEASED (Typa or print) Knipple DEATH 19 65: 5. SEX 6. COLOR OR RACE T. MARRIED NEVER MARRIED K 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR! IF UNDER 24 HRS. last birthday) Months Dec. 24, 1954 WIDOWED DIVORCED TO 10s. JSUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY, 11. B RTHPLACE (Stele or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Elementary Milwaukee, Wis. School ve Pages | PM3. Pag USA Student pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mr.Carl Knipple Mrs. Betty Knipple elie d 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) (If yes give we rordel as of service) Irs. Betty Knip le, Cumberland, .d. 18. CAUSE OF DEATH |Enter only one cause per line for (e) (b) and (c).) ing" in pencil in the stress Office along visa burial-transit premoval, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asthyxiation 10 min. DUE TO Excess of Carbon Monoxide Poisoning gava rise to immadiate ceuse DUE TO (a), steting the underlying PART | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 BIL 19. WAS AUTOPSY PERFORMED? NO X 20a, EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of 14m 18., PRIMARY -- OF CONTRIBUTING CAUSE OF DEATH. Dwelling On Fire Month, Day, Yeer 2Dc. TIME OF INJURY 20d INJURY OCCURRED ... 20e PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) at work at work Inspection X. Inquiry X 21 I certify that I took charge of the remains described above, held an Autopsy and in my opinion Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MED CAL EXAM NER DATE SIGNED March 17,1362 DEPUTY MEDICAL EXAMINER Dr. Benguict Skitarelic, M.D. Address (Street, city, town, or county) NAME (Type) 228. BURJAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g far. 19, 1362 Sunset Leworial Cumber Ling, Ad. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME. Chilling S. Thomas James F. Schryelli, Cumberland, Md. 5M 9 60

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v 1	MARYLAND STATE DEPARTMENT OF HEALTH
EOD CTATE	02616 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
TUK STATE	02007
MEALIN DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
y is necessary, if director, Page for your files.	Allegany MARYLAND . STATE Maryland b. COUNTY Allegany
S S TE TO	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Non do do	Cumberland Lifetime O. Cumberland Cumb
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
the funeral retained for the State Borr death.	315 Broadway Circle 315 Broadway Circle YES NO X
any etai etai dea	DECERSED AND DAY TOOL DAY TOOL
	(Type or print) Kathy Louise Knipple DEATH METCH 17, 1962
r death and 3 to may be 2 with 1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years of UNDER 1 YEAR OF UNDER 24 HRS. Last birthday) Months Days Hours of Min.
20 2 all	T WIDOWED DIVORCED Oct. 33, 1960 1 yrs.
Sa Ge Ta	10s. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	None None Cumberland, Maryland USA
40 < 0 K	CALL TOWNS OF THE STREET STREET
Muthin 2.	Carl M. Knipple Betty Edenhart
with for for eve	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (Ifyesgivewarordetesofservice)
tem 18. with for permit.	No. None Mrs. Fetty Knipple Curberland, ad.
로 등 등 등	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY, ONST ADD DEATH ONST ADD DEATH ONST ADD DEATH
be exe encil ir e alon Il-trans	MAST LOCAL HAVE CAUSE (6) ASPHYXI ation TOMITY
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ding ding ner's as a	(a), stating the underlying DUE TO
ert ficate s "pending Examiner's s used as a	Causa last. (c) FITE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY
	PERFORMED
- E & 20 P M	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Itam 18.) PRIMARY OF OCCURRENTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION
Medi Shoul	PRIMARY TO CONTRIBUTING Dwg line on fire
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EXAMINER ste, writing the Chief M R: Page 3 sh rior to burial	20c. TIME of INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (State) Hour a.m. While Not While at work at work at work at work at work
ICAL EXAMI certificate, writi ded to the Ch ECTOR: Page Bent, prior to b	pan o get 17 oos
- 백부경당성	21 I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X, and in my opinion death resulted from. Natural causes, _Accident X, Suicide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL /d 1. + / h. +
A LA L	DEDITY MEDICAL EVAMINED BY
execute the second the forward be forward be forward by the forwar	NAME (Type) Dr. Benedict Skitarelic, L. Daddress (Streat, city, town, or county) March 17, I
Should be for Funeral.	22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spacify) (State)
5 9 4 5 9	Burial 3-19-62 Sunset Memorial Park CumberLand, Ed.
VS. A15ME - C	23. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS AAAD 2 1 162
5M 9/60	James F. Scarpelli Cumberland, Md. MAR 21 '62 (Chang & Thomas
1., .	

in for one certificate - Film & 309 3/rof. - Int

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence a COUNTY ector. Page vour fles. .. stattry Land b. COUNTAIlegany Llegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director, I write RURAL and give neerest town) Cumberland IO yrs. Cumberland d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3I5 Broadway 315 Broadway Circle YES NO K Yeer 3. NAME OF Middle DECEASED (Type or print) DEATH 19 6% arch Kniuble Michael executed within 24 hours and 3 to all in Item 18, Give Pages 1, 2, and 3 to along with form PM3. Page 5 may be along with form PM3. Page 5 may be along with file pages 1 and 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR F UNDER 24 HRS. last birthdey) | Months | Deys DIVORCED TO Dec. 23. WIDOWED 10a. USUAL OCCUPATION (G ve kind of work 106 KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) San Diego, Calif. Elementary School ISA Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fetty Edenhart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unkown) | (Ifyesgive weror detes of service) Mrs. Betty Knipple, Cumberland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c), i NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Asphyxiation ing" in pencil is tr's Office alon s a bur'al-trans removal, and 10 min. Excess of Carbon Monoxide Poisoning geve rise to immediate cause DUE TO (e), steting the underlying Fire PART JOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1 611 19, WAS AUTOPSY PERFORMED? NO X 2De EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part, or Part II) of item 18 PRIMARY P or CONTRIBUTING arded to the Chief Me RECTOR: Page 3 sho agent, prior to burial, Dwelling On Fire CAUSE OF DEATH. 2Dd NJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df, (City or Iown) 20c. TIME OF INJURY (County) (Stete) fectory, street, office bldg., etc.) Not While at work et work 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion lease execute the certific should be forwarded to FUNERAL DIRECTC r its designated agent, p death resulted from. Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED March 17. DEPUTY MEDICAL EXAM, NER 25 Dr. Benedict Skitarelic, M.D. Address (Street, city town, or county) 220. BURIAL, CREMAT ON, 226 DATE THE PEOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Stete) REMOVAL (Spec ly) Sunset memorial Fark 240 p 19,1962 Cumberland, ma. Burial 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S, SIGNATURE 23. FUNERAL DIRECTOR arthur S. Tiralle VS. AISME Scarcelli, Cumberland, Md. 5M 9 6D

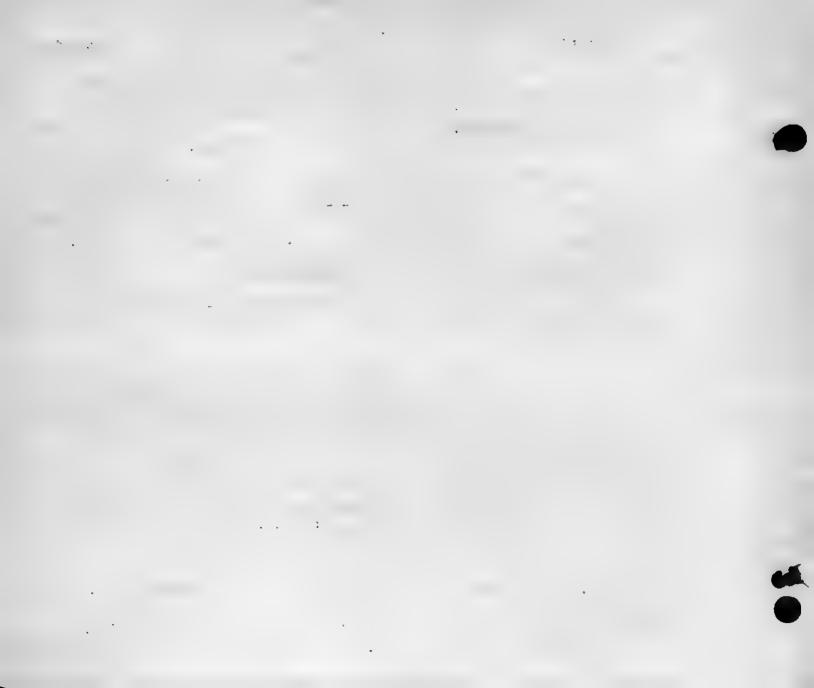
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND

* for one certificate Film p. 309 3/. /r-789

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admiss on) a. COUNTY b. COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town! Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 515 Broadway Circle 315 Broadway YES NO T 3. NAME OF Middle DECEASED (Type or print) Kave Knipple DEATH Lammy 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K 8. DATE OF BIRTH 9. AGE (In years | IF UNDER ! YEAR IF UNDER 24 HRS. last birthday] Months WIDOWED [10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Cumberland. Id. USA none none pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl knip, le Retty Edenhart 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Ars. Bett/ Knipple, Cumberlana, Ld. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: Asphyxiation 10 min. IMMEDIATE CAUSE (e) DUETOEXCESS Carbon Monoxide Poisoning gave rise to immediate cause DUE TO (e), stating the underlying Fire PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? I YES NO A 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18. PRIMARY X or CONTRIBUTING Dwelling On Fire 20c. TIME-OF INJURY Month Dey, Year | 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) fectory, street, office bldg., stc.) Wh'le Not While et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection XI. Inquiry X and in my opinion Accident X. Suicide death resulted from: Natural causes . Undetermined manner Homicide CHIEF MEDICAL EXAM.NER DATE SIGNED March 17. 1962 Dr. Benedi t Skitarelic, M. Daddress (Street, city, town or county) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ₫40 g Mar. 19,1962 Sunset Me orial Fark Cumberland, Md. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME James F. Scar, elli, Cumberland, Md. 5M 9,60

June for one artificate Frim \$ 3.7 3/1 for - Mil

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) e. COUNTY b. COUNTY ALLEGANY 불교속 MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 27 DAYS CUMBERLAND d. STREET ADDRESS d. NAME ONE DEPORT OF INSTITUTATION HAS PIBLICATIVE street eddress) a. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL papers. YES NO A completely 100 ROBERTS 3. NAME OF 4. DATE Middle Yeer DECEASED OF (Type or print) FLORA DEATH 9 ELLEN LEE 19 and con 18-62 5. SEX 6 COLOR OR RACE 17, MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF JNDER I YEAR IF UNDER 24 HRS. birthday) Months **FEMALE** WHITE WIDOWED | DIVORCED 10s. USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Restaurant W. VA. Rowlesburg Retired Cook U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DAVID SHANHAN COLINA BOYARD 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) . (If yes give war or detes of service) MEMORIAL CUMBERLAND. 16. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTÉRVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19 CERTIFICATION PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) __Not While While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from. that (I) (we) last saw the deceased alive on..... 220. S GMA/JRE 22b. DATE ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S GREENE ST., CUMBERLAND. MD. RICHARD 0 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Rurial woodring Cem. Rowlesburg. W. Va. 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Scarpelli Cumber Land . Ad. James 15M 7 6I DATE MAR 2 0 '62 Clubus L. Thous



YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY a. STATE ALLEGANY ALLEGAN MARYLAND b. CITY OR TOWN (if outside corporate Lmits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X 3. NAME OF Middle 4. DATE Last DECEASED OF DEATH (Type or print) 62 E. LEMMERT 5. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR . IF UNDER 24 HRS may 2 wit ast birthday) Months Days DIVORCED 10e. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA HOUSEWIFE HOUSEWORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES ELIZABETH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address [Yes, no, or unkown] (Ifyasgive werordetes of servica) 18. CAUSE OF DEATH |Entar only one cause per line for (e), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office **DUE TO** burial gave rise to immediate cause **DUE TO** (a), stating the underlying 10 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1/6 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES | 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Port II of item 18) PRIMARY TO OF CONTRIBUTING @ co Month, Dey, Year | 20d. INJURY OCCURRED 20e. PLACE OF INJURY Home, farm, 20f. (City or 20c. TIME OF INJURY (actory, streat, sture b dg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Accident Mi Suicide Homicide Undetermined manner death resulted from. Natural causes DIRE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER 167 Address (Street, city, town, or county) FROSTBURG should NAME (Type) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Siela) REMOVAL (Specify) 40 MD. 23. FUNERAL DIRECTOR **ADDRESS** 24a. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DATE APR 2 William S. Firmes

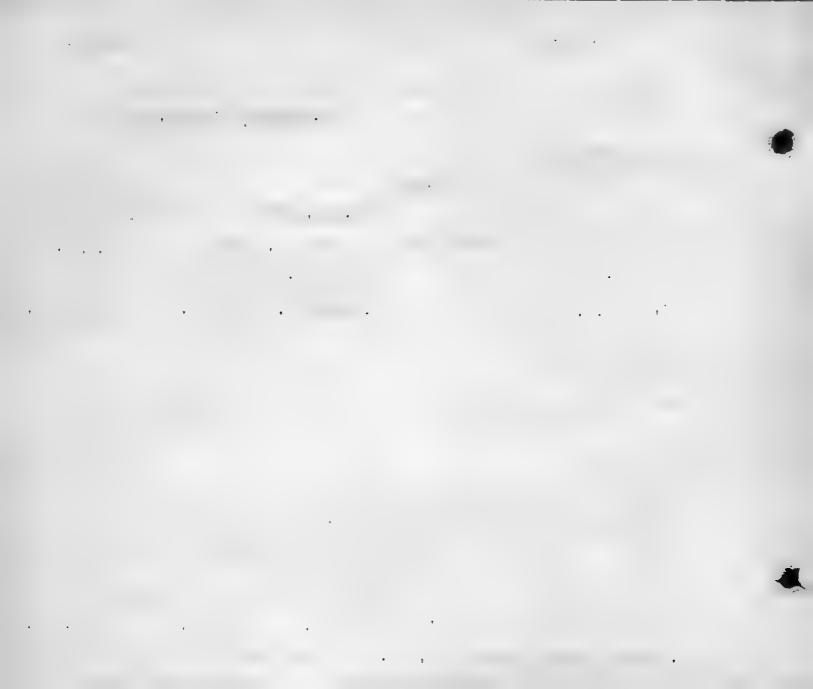


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ertific hysicia remov nny ev		done during most of working life, even if retired) Housewife Home	Shaft, Maryland	U. S. A.		
		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U. U. A.		
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the de attendi hen pli 'al, and		33. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. [Yes, no, or unknown] [lifyesgivewerordetesofservice)]		Address		
that the tr. T		NO None 18. CAUSE OF DEATH [Frier only one cause per line for (e), (b), and (c).]	Mrs. Marie Frankland 504	Schriver Ave. Cumb, N		
ires siciar by serm		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Malmututan		ONSET AND DEATH		
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		saw the deceased alive on		auses and on the date stated above,		
		auton Bruis fiel	M.D. PHYS. MED. STAF			
HOSP Leath. Page 4 Inector, page 5 filed with the	-	22c PHYSICIAN'S NAME (Type) CARLTON BRINSFIED M	D HOI DECATOR S	st Combenland me		
death. P. C. FUNE director, be filed v		236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d, LOCATION (City, lown or county) (State)		
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(1)		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12622 CERTIFICATE OF DEATH 02613		
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and comicarbonry	ᄼᆝ	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR? IF UNDER 24 HRS. last barthday) Months' Days Mours Min.		
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atter Then val,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (Hyes give we ror detes of service)		
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requires physicia gned by nsit pern ion, or i		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ONSET AND PEATH 2 Orgs.		
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TTE TTE		21. I certify that (I) (this hospital) attended the deceased from FEB2.,, 1962 to IMARCHI., , 1962, that (I) (we) last		
R A A BEC HOUSE		saw the deceased alive on		
OFIGE Personal	-	Cause Minafieb M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 3/2/62 GNED,		
HOSP Pare Pore FUNERAL Perfor, page	1	22c. PHYSICIAN'S NAME (Type) CARLTON BRINSFIELD MD 22d. ADDRESS 401 DEGATOR SH Comberland, 111d.		
		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify)		
HH		Burial 3/5/62 Shay's Chapel Cem. Newburg. W. Va.		
VR A15 (4) 15M 7/61		H. Wayne George Cumberland, Md. DATE MAR 5'62 Lun & Manue		

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 02623 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on) **B. COUNTY** b. COUNTY Allegany 90 Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits. E LENGTH OF STAY IN 15 write RURAL and give neerast town! Eckhart Mines Lifetime Eckhart Mines . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO 3 NAME OF 4. DATE Day Middle Last Month DECEASED OF (Type or print) DEATH TSABELLA MAHER IF UNDER 24 HRS. AGE (In years IF UNDER I YEAR 6 COLOR OR RACE T MARRIED NEVER MARRIED 8. DATE OF BIRTH (yebritid task Months Days WIDOWED IV DIVORCED ding physician 10a. JSUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY! (County & State, or fore on country) done during most of working life, even if retired) Own Home U.S.A. Housework Longconing 13. FATHER'S NAME Michael Kelly

15. Was deceased Eyer in U.S. akmed Forces? | 16. Social Security NO.| 17. INFORMANT

Address (Yes, no, or unkown) . (If yas give wer or dates of service) William Kelly, Lonaconing, None None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 WAS AUTOPSY CERTIFICATION PERFORMED? 200. ACCIDENT WAS UNDERLYING IT 20b. DESCR BE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part I of tem 18) OR CONTRIBUTING [] CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from . saw the deceased alive on. 220. SIGNATURE ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LOCATION (City, town or county) 23a BURIAL, CREMATION, 23b NAME OF CEMETERY OR CREMATORY D TO REMOVAL (Specify) St. Michaels Cometer Rec'd By Registrar 25b. Registrar's Signature Md. Burial 24 FUNERAL DIRECTOR'S SIGNATURE Hafer Main, Frostburg, Md ..

DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1. MARYLAND



1 .	MARYLAND STATE DEPARTMENT OF HEALTH			
- (24)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02615			
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an and completely as carbon pepers.	DECEASED (Type of print) BABY BOY MARTIN MARCH 1 19 62 5 5EX 6. COLOR OR RACE 7. MARRIED NEVER			
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TO HOST death. Page director, pag director, pag	DR. LELAND RANSOM 234. BURIAL, CREMATION 23b DATE THEREOF REMOVAL (Specify) BURIAL MARCH 3,1962 ALLEGANY COUNTY CEMETERY CUMBERLAND, MD. 23c. NAME OF CEMETERY OR CREMATORY CUMBERLAND, MD. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE			
15M 7 61	BYRON KIGHT CUMBERLAND, MD. DATE MAR 5'62 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			



1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
FOR STATE		09695 MEDICAL EXAMINER			
HEALTH DEPT.		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution Residence before edmission)		
is necessary, director. Page r your files; and of Health,		ALILGARY MARYLAND	a. STATE b. COUNTY		
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fune faine State eath.	3.	NAME OF MIDDLE First Middle	514 Fraillin Street YES NO NO NO NO NO NO NO NO		
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MER.	1 1	CAUSE OF DEATH.			
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rhifica ed to CTO nt, pr		21. I certify that I took charge of the remains described above, death resulted from: Natural causes [X], Accident . Su	held an Autopsy		
the cervard			, CHIEF MEDICAL EXAMINER		
execute the could be forward NERAL DIRE designated age		SIGNATURE SUNISLICE SETARILE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED		
Uzzecze d be ERRA esign		EXAMINER'S BE' EDICT SKIT ARELIC, M.D.	DEPUTY MEDICAL EXAMINER March 7, 1962		
DEPUAL MI lease execute t should be for FUNERAL I its designated	22	BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY	Address (Street, city, town, or county) R 9 Cur herland, 16d. OR CREMATORY 22d. LOCATION (City, town, or country) (State)		
5g45g	I	removal (Specify) 3/10/62 Filldrest Bu			
YS, A15ME	23	FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		
2W 8160	<u></u>	John J. Harer Cumberland, Laryland	DATE PAR 9 62 Orthun S. France		
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DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECOPDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY r Page files. Health, b. COUNTY Allegany Maryland Allegany
c. CITY OR TOWN (if outside corporate I m Is, write RURAL and give nagrast town) MARYLAND b. CITY OR TOWN (if outside corporate limits, 1 c. LENGTH OF STAY IN 16 director cumberland retained for your Midland d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? and 3 to the funeral Prospect Sq. Street YES NO T Dans Rock Road 4. DATE M.ddla Month Day DECEASED OF (Type or print) DEATH McCOWAN 19 LEO ×ith 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR ! IF UNDER 24 HRS. 8. DATE OF BIRTH 2 with last birthday) Months Hours Wale WIDOWED DIVORCED M3 Pege 5 sages 1 and 2 sages 1 and 2 within 72 hours 10a JSUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if ratired) Welsh #Imployed Coal Miner Midland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph McGewan Mary McCabe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO 1 17 INFORMANT (Yes, no, or unkown) | (If yes giva war or datas of sarvica) Midland, MD. No Mrs. Rose Mary McGowan, 18. CAUSE OF DEATH [Enter only one cause par I no for (a), (b), and (c)] along-transit ONSET AND DEATH DEATH WAS CAUSED BY: Delerium Tremens 30 min. IMMEDIATE CAUSE (a) r's Office a s a burial-tr removal, a DUE TO Alcoholism Conditions, if my, which 2 (b) gava rise to immadiate cause **DUE TO** (a), stating the underlying Examiner SE ould be used a cremation, or PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 3)1 19. WAS AUTOPSY FICATION PERFORMED? YES X NO 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY factory, streat, offica bldg , atc.) Not While Hour a.m. Whila at work at work forwarded to the L DIRECTOR: P. prior 21. I certify that I look charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion death resulted from Natural causes X Accident Suicide Homicide Undetermined manner please execute iffe control of the standard be forward IO FUNERAL DIRE CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAM NER DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUT Renedict Skitarelic NAME (Typa) Address (Straat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 228, BURIAL CREMATION | 226, DATE THEREOF 22d. LOCATION (City town, or country) (Stata) ঠ St. Michael Cemetery Frostburg 248 REC'D BY REG STRAR | 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR **ADDRESS** A15MBG LONACON ING. arthur S. Thank DATE APR 3 5M 9 60



Division of STATISTICAL RESEARCH IND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edinission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Page MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) director. write RURAL and give nearest town) LONACONING LONACONING

STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NOT JACKSON JACKSON 4. DATE 3. NAME OF Yaar M ddle Month OF (Type or print) DEATH 1962 ANNA March 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED HE UNDER I YEAR IF UNDER 24 HRS. Jast birthday) Months Days March WIDOWED I Female Ida. JSUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if relired) Lonaconing, Maryland, USA Own Home House work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Miller Anna Nicol IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOC.AL SECURITY NO., 17. INFORMANT Addrass (Yes, no, or unkown) | (Ifyesgivawarordatesofservice) Joseph NcGregor, Lonaconing, "Husband" No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinomatosis, Generalized IMMEDIATE CAUSE (a) Years Office a DUE TO burial Carcinoma of Cervix Years gaya rise to immediate cause **DUE TO** (a), stating the underlying PART I, OTHER S.GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? be NO T ₽ 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the C. Page 3. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ' 20e PLACE OF INJURY (Homa, farm, 20f. (City or town) (Stata) factory, street, offica bldg., etc.) While Not While at work at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry | Y and in my opinion Homicide Undetermined manner death resulted from: Natural causes Accident Suicide should be forward FUNERAL DIFF DIRE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE March 5. DEPUTY MEDICAL EXAMINER SKITARELIC, M.D. Addr. Addrass (Streat city town or county) R9 Cumberland, Md. NAME (Type) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spacify) ₽40 g Marys Cometery Burial y Longconing Maryland
248, REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. ATSME 9 Eichhorn Lonaconing, MarylandDATE George 5M 9 60

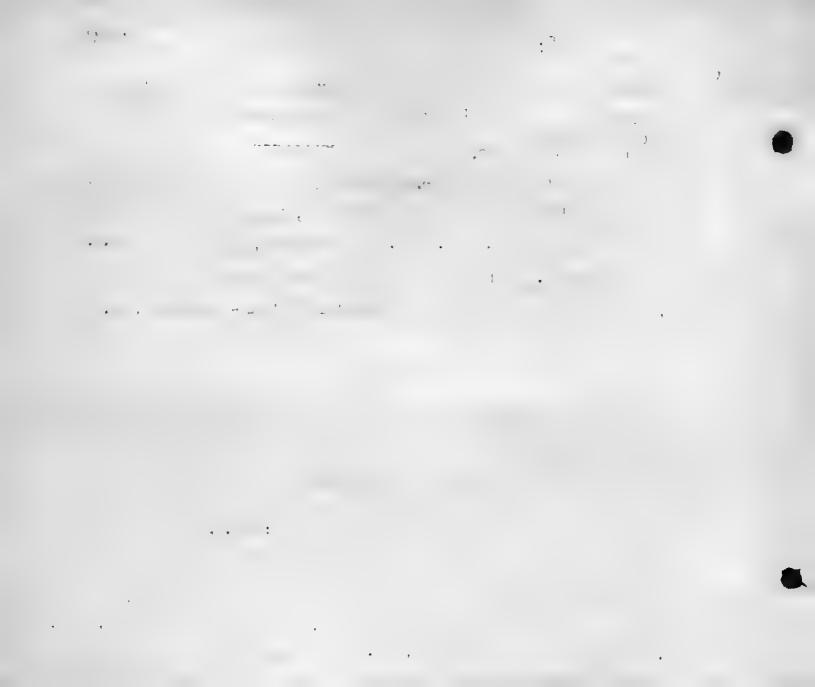


02628 **CERTIFICATE OF DEATH** Reg. Dist. N. 2619 eral director, be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) P COUNTY Allegany Maryland **b.** COUNTY MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares Hawn) Cumberland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Zyr; 2mo; 23das Frostburg d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS OR INSTITUTION Sylvan Retreat 123 Center Street YES NO PO NAME OF Middle 4. DATE Month OF DEATH Katherine (Type or print) McKernan 19 62 March 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years last birthdoy) Months Female White 12/3/77 Dovs WIDOWED F7 DIVORCED | 84 yrs 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
HOUSEWITE Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Brady Anna Moran 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs.Frank Powers, 114 Wood St., F'bg.Md. no 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 18 400 CR AL do DUE TO WALK SCHLERED SI CIELCE GENERALI CURRENT @ 17:4 PSEJERANO KROCKIO Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19, WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part It of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Not while (County) (Stote) factory, street, affice bldg., etc.) Hour e.m. While of work of work July 1 1961 to March 5 , 1962, that I last saw the deceased 21. I certify that I attended the deceased fram.___ 1962 , and that death accurred at 3:30P ·M, from the causes and an the date stated above alive on. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL PHYSICIAN'S L. B. Mathews, M.D. 49 Greene St.. Cumberland, Md. NAME (Type) 22o. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) page Burial St. Michaels Cemetery Frostburg, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Frostburg, Md. **1SM 10/57**

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



•	13	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
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lately fi	2 hour	MEMORIAL HOSPITAL 3. NAMY OF DECEASED OF Month Day Year				
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and carbo	t, wil	. MARKIED A NEVER MARKIED Last birthday) Months Days Hours Min.				
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h cerl ≣hy: se rer	n any	Trackman B. & O. Rwy. VIRGINIA, Furnace U.S.A 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME				
deatl nding plea	8	GEORGE W. MERICA ANNIE BAKER				
if the eatte Then	(T)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesgivewarordalesofservice) NO. MEMORIAL HOSPITAL - CUMBERLAND. MD.				
es the cian. by th	r rem	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH				
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NDING ined by R. Affer	r of He	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (Steta) Hour a.m. While Not While et work et work et work et work et work et work				
S S S S S S S S S S S S S S S S S S S	S de la company	21. I certify that (I) (this hospital) attended the deceased from 1962 to . 2/13, 1964, that (I) (we) la				
OR A d daily drawn b should	State	saw the deceased alive on 19 22 and that death occurred at 5.200. Another causes and on the date stated above 22a. SIGNATURE				
AIL C	12 de 1	Gettlesce e o MD. PHYS. DIRECTOR PHYS. PHYS.				
HOSF with. Page FUNER.		NAME (Type)) O7 WEISTTAN Ceur beland, C.				
ဂုဗ္ဗီ	2 2	Burial (Specify) 3/16/62 Martin Cemetery, 23d. 10Cation (City, town or county) 23d. 10Cation (City, town or county) 23d. 10Cation (City, town or county) Little Orleans, Md.				
₩ ₩ VR A15 15M 7	· · · · · · · · · · · · · · · · · · ·	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 2 SIGNATURE				
IJM /	S. W.	H. Wayne George Cumberland, Md. DATEMAR 1 6'62 Chang & Thomas				



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I, PLACE OF DEA 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edin ssion) e. COUNTY necessary, actor, Page **b.** COUNTY Allegany Allegany MARYLAND b. CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town) write RURAL and give nearest town) Cumberland Cumber Land 60 yrs. d NAME OF HOSPITAL OR INSTITUTION (I not in hospitel, give street eddress) e. IS RESIDENCE ON A FARM Memorial Hos, ital Offutt YES NO TA NAME OF 4. DATE Middle DECEASED OF (Type or print) Mevers DEATH James 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthdey) | Months | July 21, WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS OR INDUSTRY I 11 B RTHPLACE (State or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Sand Fatch, Penna. $exttt{Railroad}$ USA Engineer Retired 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Effice R. Burkhart Henry leyers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [[If yes give wer or detes of service]] Mrs. Cora Meyers, Cumberland, Ld. 18. CAUSE OF DEATH [Enter only one cause per ane for (e), (b), end (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: LOBAR PNEUMONIA 2-3 Days IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? Cerebral Sclerosis marked 20b. DESCRIBE HOW INJURY OCCURED, lEnter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | 20d, INJURY OCCURRED, 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) [State] (County) fectory, street, office bldg., etc.) ; While Not While 4 should be forwarded to 15.

FUNERAL DIP et work at work 21. I certify that I took charge of the remains described above, held an Autopsy X., Inspection XI. Inquiry X and in my opinion death resulted from. Natural causes K Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER DATE SIGNED March DEPUTY MEDICAL EXAMINER Address (Street, city town, or county) R9 Cumberland, Md. Benedict Skitarelic, M.D. NAME (Type) march 25,1962 Hillcrest Burial Fark Cumberland, ad. <u>5</u>40 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR VS. A15ME Scar, elli, Cumberland, id.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If Institution: Residence before admiss on) a. COLINTY or your files. a. STATE **b.** COUNTY MARYLAND b CITY OR TOWN (if outside corporate I mits, Harvl and Allegany c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL end give neerest town) write RURAL and give nearest town) LaVale Months LaVale S d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE for ON A FARM? retained he State B 721 LaVale Terrace 721 LaVale Terrace YES NO X 3. NAME OF 4. DATE Last Middle Morth Year DECEASED OF DEATH (Type or print) Ethel Harriett Miesmer 20 19 62 March ₩ith 6. COLOR OR RACE 17. MARRIED T NEVER MARRIED AGE (In years IF UNDER 1 YEAR) IF JNDER 24 HRS. 5. SEX 8. DATE OF BIRTH after death 1, 2, and 3 and 5 and 5 may be and 2 with 2 hours at last birthdey) Months | Days Hours Famale WIDOWED TO DIVORCED [Nov 23 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY be executed within 24 hours at encil in them 18. Give Pages 1, 2 e alona with form PM3. Page done during most of working life, even if raticad) Housekeeper At Home Michigan U.S.A. pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME with form P. James Austin Sarah Webster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 721 LaVale Terrace, (Yas, no, or unkown) (Ifyesgive werordates of service) Robert A. Miesmer LaVale, Maryland 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ng" in pencul in fit or's Office along v s a burial-transit p removal, and in ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CORONARY OCCLUSTON IMMEDIATE CAUSE (a) SHIDDEN 3.: This cert ficate should be the word "pending" in pen dedical Examiner's Office hould be used as a burial-1, cremation, or removal, it DUE TO CORONARY SCLEROSTS (b) geve rise to immediate cause DUE TO (a), stating the undarlying PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury In Part I or Part II of Itam 18.) 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | writing t e Chief A Page 3 sl age 3 to buri MEDICAL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Homa, form, 20f. (City or fown) (County) (Stele) 20c. TIME OF INJRY Month, Day, Year factory, street, office bldg., etc.) olease execute the certificate, wr 4 should be forwarded to the D FUNERAL DIRECTOR: Pag r its designated agent, prior to Whila Not While Hour a.m. at work at work 21 I certify that I look charge of the remains described above, held an Autopsy Inspection X Inquiry x and in my opinion Suic de Homicide Undetermined manner death resulted from. Natural causes X Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE March 20. 1962 DEPLITY MEDICAL EXAMINER XX DEPUTY BENEDICT SKITARELIC, M.D. Address (Street city town or country) R9 Cumberland, Md. NAME (Type) 220. BURIAL, CREMATION | 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY | 22d. LOCATION (City, town, or country) REMOVAL (Specify) <u>5</u>40 p Lake Side Cemeterv Port Huron Michigan Buria: 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Chilling S. Hours Ruth E. Cumberland Marvland Silcox 5M 9 BH

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BYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02632 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outs de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) CUMBERLAND, MD. 123 DAYS LUKE d STREET ADDRESS d. NAME OF HOSPHANDER INSTITUTION (IDNOTHE LESSINGLESS) e. IS RESIDENCE ON A FARM? YES NO NEVISON AVE. MEMORIAL HOSPITAL 3. NAME OF 4. DATE Middle Month DECEMBED OF (Type or print) DEATH CHARLES MHLLER 19 62 MARCH AGE (In years | IF UNDER 1 YEAR | 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 24 HRS. DATE OF BIRTH last birthday) Months WIDOWED DIVORCED MALE 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 1 11. BIRTHP, ACE [County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relired) Signalman Railroad BO BLOOMINGTON. MD. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE T. MILLER JANE POLAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address CUMBERLAND MD. 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO pave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I. of item 18.) OR CONTRIBUTING (CAUSE OF DEATH MEDICAL (Stele) Month, Day, Year 20d INJURY OCCURRED | 20e. PLACE OF INJURY Home, farm, 20f. (City or lown) (County) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from Nov: the deceased alive on May 22b. DATE SIGNATURE ATTENDING th. Page 4 PHYS. DIRECTOR PHYS, 22d, ADDRESS PRESCIAN S NAME (Type) 414 N. MECHANIC ST., CUMBERLAND, MD. WYAND F. DOERNER. JR. 23d. LOCATION (City, fown or county) (Siele) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. O To B Philos 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) Westernport, Md. 15M 7 61 william & Thomas



BYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY e. STATE **b. COUNTY** ALLEGANY MARYLAND Mineral b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give genest lown) eine mistelen eine RIDGELEY d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO K NAME OF Middle Month Year DECEASED OF (Type or print) Sheridan DEATH 19 62 William AGE IN VOOR I YEAR ! 6. COLOR OR HACE 17. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. last birthdayl WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY ! 11. BIRTHPLACE (County & State, or foreign country) . 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Sharpsburg, Engineering Celanese Corp. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELLTE Bashears WILLIAN F MOORE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unkown), (If yes give war or deles of service) 164 Main St. -07-4807 Mr. Earl La Moore 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART No. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. ACCIDENT WAS UNDERLY NG 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pent I of Pent I. of Item 18.) OF CONTRIBUTING [] CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (Steta) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, Jerm, * 20f, [City or town] (County) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., afc.) While Not While at work af work saw the dece 22b. DATE 22e. SIGNATU SIGNED ATTENDING STAFF eth. Page 4 FUNERAL PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DR. EARL PAIN 23a. BURIAL, CREMATION, 123b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 075 Memorial Park. Marvland Cumberland. Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR AIS ,41 24 FUNERAL DIRECTOR'S SIGNATURE Cumberland. 15M 7 61 Charles L. George arthur S. Traves



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02634 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY **b.** COUNTY by the and 2 death. ALTEGANY MARYLAND ALLIGANY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CIT B TRILATIO CUMBERLAND filled ir Pages day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) J d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🗌 NO 😿 3. NAME OF First Middle 4. DATE DECEASED OF (Type or print) DEATH LUCITLE 1962 IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR last birthday) Months WIDOWED | DIVORCED. FETALE 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House Wife House WIST VERGINTA U.S.A. 13. FATHER'S NAME Mary Robinette Thomas Robinette 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1 17. INFORMANT (Yes, no, or unkown) | (If yes give war or detes of service)! Sacred Heart Hospital, Cumberland Md. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b,, end (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0) Z WKC DUE TO gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20W. DESCR BE HOW INJURY OCCURED, (Enter nestice of injury in Pert I or Pert I, of Item IB 20a, ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) . 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, ferm, . 20f. (City or town) (ectory, street, office bldg., etc.) Not While While at work at work . 19 4- Z, and that death occurred at 5.: 20a from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE 22b. DATE 5. GNED FUNERAL DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LAIN CENTRE STREET 23a, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) 0 5 2 REMOVAL (Specify) Burial Mar 11 Sunset Memorial Park --25a. REC'D BY REGISTRAR REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 1SM 7 61 -Cumberland Md.



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death certificate be executed



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02636 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) . county legany **b.** COUNTY MARYLAND arv land Allegany b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cumberland 60 vrs Cumberland d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION I4 Arch Street Arch St. YES NO TO NAME OF First Middle 4. DATE Month OF DEATH March Mollie Ann Neat (Type or print) 9. AGE (In years last birthday) 5EX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Days Haurs Sept. 19,1878 WIDOWED | DIVORCED 45 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA & Cleaning Co. Barton Md. Dept(Retired Dve Sewing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Rees Samuel IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address larie Starkey Cumberland, ...d. No Arch 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o **DUE TO** Conditions, if ony, which (b) gove rise la immediale **DUE TO** couse (o), stoting the underlying couse lost OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 17. WAS AUTOPSY PERFORMED? YES I NO 171 201/. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.! Hour o. m. While Nat while at work of wark p. m. 21. I certify that (I) (this haspital) attended the deceased fram Fond that death accurred at 1 SM from the causes and on the date stated above saw the deceased alive an SIGNATURE 22b, DATE M.D. PHYS SIGNED MED DIRECTOR Board ZZE/BHYSICIAN'S 22d. ADDRES Simbns M.D.Cumberland, Md. 230. BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State) Cumberland, !'d. Rose Hill Cem. 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR James F. Scarrelli Cumerland, Md. DATE MAR 2 9 '62 O Thur & France

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nined by the DIRECTOR:

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law requires that the death certificate



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY s necessary, rector. Page your files. drot Health, **b.** COUNTY Harvland Allegan; Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give increst town) write RURAL and give negrest town) · Curberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d STREET ADDRESS 15 RESIDENCE ON A FARM? YES NO Broadway St. Broadway Street J. NAME OF Midd . 4 DATE Month DECERSED OF (Type or print) DEATH March Marie Herv Grace 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8 DATE OF BIRTH last birthday} | Months | Days Hours DIVORCED T WIDOWED Nov. 5 Female 10a. USUAL OCCUPATION (G ve kind of work | 10b, KND OF BUSINESS OR NOUSTRY | 11 BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) and in Item 18. Give Pages 1, a along with form PM3. Page 1-transit permit. File pages 1 a and In any feeling within 72 Flintstone, Md. U.S.A. Housewife Tone 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mildred Robert E. Whorton 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ((Ifyesgive werordetes of service) Coston V. Lery, Williams Rd. Cumberland, lai 18. CAUSE OF DEATH [Enter only one cause per line for .e], [b], and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 Hinutes As hyxiation .MMEDIATE CAUSE (e) DUE TO 선물장상 - 불통 Carlon Monoxide (6) gave rise to immediate cause DUE TO (e), steting the underlying 外往往往往往往 Fire PART IL OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES THE NO P 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH Dwelling on Fire MEDICAL 2Dd INJURY OCCURRED . 2De, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Home-315 Proadway Not While Cumberland Allegany el work | el work | 24 21. I certify that I look charge of the remains described above, held an Autopsy XI. Inspection XI. Inquiry X and in my opinion Accident AX Surcide , Undetermined manner death resulted from Natural causes Homicide blass execute the control of should be forwarder

Spinish and the control of should be forwarder

Spinish and spinish age. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.NER DATE SIGNED DEPUTY MEDICAL EXAMINER Renedict Shitarelic Rt. 9, W. horselshood city down, or county) NAME (Type) 226, BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ₫40 g Flintstone. Glendale Cemetery Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL D RECTOR Cirthur S. Krous VS. AISME'Y Cumberland, 1id. John J. Hafer SM 9 60

ARYLAND STATE DEPARTMENT OF HEALTH



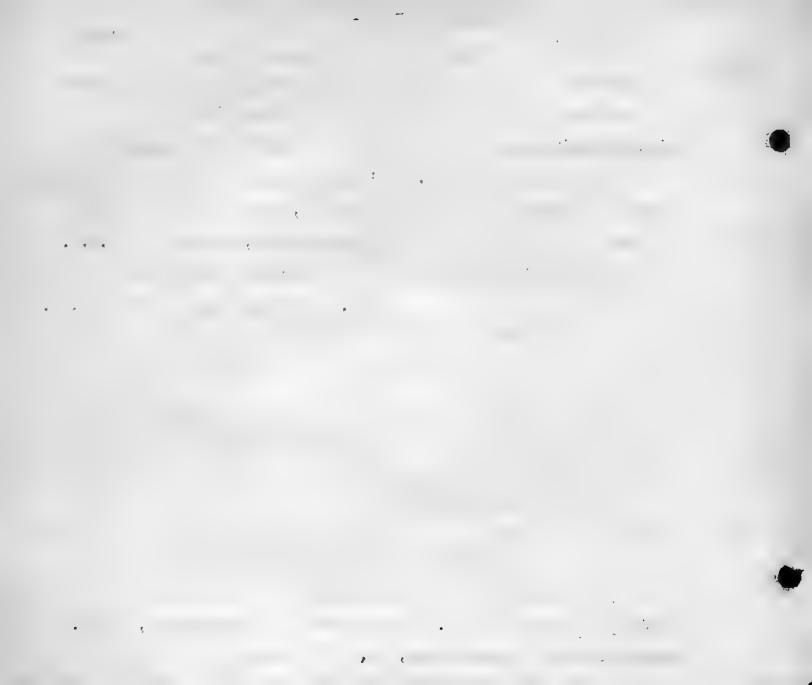
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LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where decreated lived, if institution; Residence before edmission) a. COUNTY b. COUNTY 유무 Allegany Allegany MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c City OR TOWN (If outside corporate limits, write RURAL and give pearest town) write RURAL and give nearest lown) Frostburg 30 yrs. Frostburg . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give streat address) d. STREET ADDRESS ON A FARM? YES NO 8 Frost Avenue Frost Avenue completely NAME OF 4. DATE Middle Lest Month DECERSED OF DEATH (Type or print) HARRY E. ODGERS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days WIDOWED [X] DIVORCED -10-14-1880 physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE (County & State, or fore gn country) done during most of working life, even if retired) Educator Public Schools Frostburg U.S.A. please 13. FATHER'S NAME HARRY ODGERS Mary 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Hyesgive war or dates of service) None None Maryjane (Odgers) Iden. 8 18. CAUSE OF DEATH [finter only one cause per line for (e), (b), end (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which pave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED 20b. DESCRIBE HOW INJURY OCCURED lEnter neture of in ury in Pert I or Pert I of item 18.) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20e, PLACE OF INJURY (Home, form, : 20f. (City or town) 20d. INJURY OCCURRED (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work 1964 (l) (aug) last 21. I certify that (I) (this hospital) attended the deceased from ... and that death occurred and the from the causes and on the date stated above. saw the deceased alive on 22e S GNATURE M.D. PHYS. DIRECTOR PHYS. FUNERA 22d. ADDRESS 22c PHYSICIAN'S OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Everett Cometery 25a. REC'D BY REGISTRAR | 25b. **VR A15 (4)** MAR 1 5 '62 15M 7 61 Main. Frestburg Md.



MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
\times	02641 CERTIFICATE OF DEATH 02632
1/1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ac
XI	Alleghany MARYLAND West Virginia Mineral
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2	Cumberland 1 day Ridgeley 93 X 3
~	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. 15 RE ON A
- 1	Sacred Heart Hospital Rt # 28
	3. NAME OF First Middle Lest 4. DATE Month Day Yeer DECEASED OF
_1	(Type or print) Ada A. Peer March 17 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years of UNDER TYEAR IF UNDER
	female white widowed Divorced 8-6-79057 14 57 yr.
	10s. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT C
	West Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Issac Hott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unkown) [lifyesgive weror detesofservice]
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).
	IMMEDIATE CAUSE (a)
	PART I. DEATH WAS CAUSED BY I IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which give rise to immediate cause DUE TO Cholecuptures The conditions of
	Conditions, if any, which geve rise to immediate ceuse
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	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) While Not While all work ell work
	21. I certify that (I) (this hospital) attended the deceased from 3/16, the to 3/17, 19.6, that (I) (
	saw the deceased alive on3 /19
	22e. SIGNAY
	AUMINOMAN M.D. PHYS. DIRECTOR PHYS. DX 2/19/
,	22c. PHYS CIAN'S NAME (Type) Dr. Weisman 59 Green Street Cucubeal
	DI O TOTAL
	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (St
	Burial Mar. 19 1060 Branch Mt. Cemetery, Phre: hurches, W. Va.
	24 FUNERAT DIRECTOR'S SIGNATURE, ADDRESS 250. REGISTRAR'S SIGNATURE
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Jn 1	MARYLAND STATE DEPARTMENT OF HEALTH		
SY I	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND	
FOR STATE	02642 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 026	533	
HEALTH DEPT.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence of COUNTY)	before edmission	
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S C FE	b. CITY OR TOWN (fourside corporete limits, write RURAL and give negrets fown) c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrets fown)	perest town)	
s ne street your	_ Cumberland 50 years ^2 Cumberland		
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any le fur etain s Stat	NAME OF First Middle Last 4. DATE Month Day	Yeer	
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and 2	ne during most of Working I ta, even if refired)	WHAT COUNTRY	
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NE P	CAUSE OF DEATH.		
Chiring Chira	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour e.m. While Not While Sectory, street, office bidg., etc.) (County)	(State)	
fe, y	p.m. 19 et work et work		
Hill Sold		n my opinion	
Seri dec	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner		
The Principal of the Pr	ACTUAL BRANCH OF THE STANDARD CONTRACTOR OF THE		
AL AL	SIGNATURE JENIAUS SELECTION M.D. ASSISTANT MEDICAL EXAMINER DATE 1, 196	TE SIGNED	
Dissis de la constant	EXAMINER'S NAME (Type) Benedict Skitarelic, M.D. Address (Street, cty, town, or county) Cultiberland,		
DEPUS should FUNE	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(Stete)	
0 g 4 0 p	Buria Pocini March 3, 1962 St. Lary's Cemetery Cumberland, Md.		
VS. ATTIME	FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR'S SIGNATUR		
5M 9/60 (00)	a.ses F. scartelli, Cumberland, Md. DATE MAR 5'62 1 in 1. Thomas		



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02643 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE **b.** COUNTY **ALLEGANY** MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN IN c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) DAYS ,e = CUMBERLAND CUMBE RLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL SHRIVER AVENUE YES NO X completely 3. NAME OF Middin 4. DATE Day Yaar DECEASED 1962 (Type or print) ROSE PE ROEW DEATH MARCH 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours FEMALE WIDOWED D DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) CUMBERLAND, MD. U.S.A. Housekeeper At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN MERKEL MINNIE HITTIE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) (If yes giva war or dates of service MEMORIAL HOSPITAL CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH eft overy with PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate causa DUE TO (a), stating the underlying causa lasi. PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)] 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO A 20a ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of tam IB) OR CONTRIBUTING _ CAUSE OF DEATH MEDICAL (Stata) DIRECTOR: After 3 should be detach 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED : 20s. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work 21 I certify that (1) (this hospital) attended the deceased from Q Cto Long 6 19.61, 10 March (1 1962 That (1) (we) last saw the deceased alive on Manufacture 19.62, and that death occure \$0.5...AM from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED STAFF DIRECTOR PHYS. PHYS. FUNERAL M.D. PHYSICIAN'S NAME (Type) 22d. ADDRESS 122 S. CENTRE ST., CUMBERLAND, MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION | 23b DATE THEREON (Stata) REMOVAL (Spacify) OFB Cemetery Arlington Virgin 25a. REC'D' BY REGISTRAR'S SIGNATURE MAR 1 9 02 Burial Arlington National Virginia ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 DATE Ruth E. Silcox Cumberland Maryl and



1	MARYLAND STATE DEPARTMENT OF HEALTH
1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	62644 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02635
HEALIH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Whate daceased lived, if institution, Residence before admission)
Page Page les.	Allegany MARYLAND a. STATE a. STATE Allegany
Pr. Pag.	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporata I m ts, write RURAL and give nearest town)
ris necess I director. P or your file	Curberland 3 Years Like Curberland
Soar dir	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS
function of the state of the st	215 Proadway Street 315 Troadway Street YES NO FT
eny e fu stain Sta dearl	3. NAME OF DECEASED And Last 4. DATE Month Day Year
er de re	(Type or print) Johnny Ice Rhodes DEATH March 17 19 62
d 3 to a start with saft	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
fer d 2, and 5 ma d 2 v hours	Male White WIDOWED DIVORCED Arril 17, 1953 last birthday) Months Days Hours Mn.
affe 72, 2, 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Pages 1 yes	Tone Cu.Lerland, Maryland V. S. A.
M3.	13. FATHER'S NAME
Ile pa	
Authin Series Sires	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unknown) (Ifyasgivawarordalesofservica)
tem 18. with for with for with for with for sermit.	lo Coston V. Pery, Williams Rd. Cumberland, Ld.
sxecut il in the ong v onsit p	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: QNSET AND DEATH
sex ncil alor rran	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) As light attor
d by per jice	9 / 6 , O DUE TO
should in particular in partic	Conditions, it any, which (b) Carbon Lonoxide
fe staing's er's es as a s a s a s a s a s a s a s a s	(e), stating the underlying DUE TO
"pend" "pend xamin xamin used long o	causa last. (c) Fire
red "I Except a strict a stric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART II.a) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY BY OF CONTRIBUTING CONTRIB
B G G S S.	YES NO 2 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of itam 18.)
R: Ti the v Medi	PRIMARY ES OF DEATH. DESCRIBE HOW INJUST OCCURED. [Enter nature of injusy in Peril of Park 18.]
INE ting pief buri	Date Line on thre
writing writing and Chi	Hour a.m. 5 3/17/62 While Not While factory, street, office bldg., etc.]
EX.	The state of the s
A to Did	21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X, and in my opinion death resulted from: Natural causes 1. Accident X, Suicide 1. Homicide 1. Undetermined manner
SEC REC	death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER
the street of a second	ACTUAL (2. 1. 4. 1. 1.)
vorz MEDI execute the c led be forward IERAL DIRE	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER [] DEPUTY MEDICAL EXAMINER [] 3/17/62
execute for the following the	NAME (Type) Dr. D. nedict Skitarelic Rt. S Cumber Sandy, Lary Land
DEPU. should I FUNEI	226. BURIAL, CREMAT ON 7226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or Country) (Stata)
0 6 4 0 9	Burial 3/20/62 Gleniale Cemetery Flintstone, Maryland
VS. A15ME C	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9,60	John J. Hafer Curberland, Haryland DATE MAR 21'62
0 0	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE REALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institut on Residence before edimission) a. COUNTY **b.** COUNTY Allegany MARYLAND laryland Allegury b. CITY OR TOWN (if outside corporete I m is. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL end give nearest town) write RURAL and give nearest town) L.Cu. be. land Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Proadway Street YES NO 3. NAME OF Broadway death. Middle Month Year DECEASED OF 2 with the (Typa or print) DEATH 19 62 Curtis Rhodes Robert ould be executed within 24 hours after death. In pencil in Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may be ourial-transit permit. File pages I and 2 with thoust, and in any exent-within 72 hours after the pages. March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR B DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED DIVORCED Male Jan. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working l.fa, even if retired) Selma, Alabama

14. MOTHER'S MAIDEN NAME ILS.A. Lone 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Hichael Rhodes M. Whorton (Yes, no, or unkown), (Ifyes give wer or deles of service) Coston V. Hery, Williams ad. Cumberland, ld. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] rd "pending" in pencil in Her Il Examiner's Office along we be used as a burial-transit pe nation, or removal, end in a ONSET AND DEATH PART I. DEATH WAS CAUSED BY. As hyxiation IMMEDIATE CAUSE (a) DUE TO cert ficate should Carbon Monoxide Conditions, if eny, which (b) gava rise to immediate cause DUE TO (a), sleting the underlying cremation, o PART II. OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Med'cal E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremating the companion of t YES NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'njury in Part I or Pert II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Dwellin, on Fire WEDICAL Month, Day Year 2Dd INJURY OCCURRED, 2Da. PLACE OF INJURY (Home, ferm, 20f. (City or town) 2Dc. TIME OF INJURY (County) (Stata) _Not While __ 4 Home- 315 Proadway St. Cumberland, Alles. Md. While 19 62 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry 🔀 and in my opinion Natural causes Accident A Suicide Homic de Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE . EPULY DEPUTY MEDICAL EXAMINER NAME (Type) enddict Stitarelic, Rt. 9, Chaber Branden (dyn. or county)

Date thereof 22c. Name of Cemetery of Crematory 122d. Location (C 22a, BUR.AL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) A REMOVAL (Specify) 400 Burial Glendale Cemetery Flintstone 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL D RECTOR VS. A15ME Cumberland, Md. John J. Hafer 5M 9 60 MAR 2.1 -innua S. Times

RYLAND STATE DEPARTMENT OF HEALTH



PRESTON STREET, BALTIMORE 1, MARYLAND A2646 CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) L. COUNTY ALLEGANY e. COUNTY **ALLEGANY** MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) 23 DAYS CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 13 B JANE FRAZIER MEMORIAL HOSPITAL YES NO 3. NAME OF DECEASED 1962 (Type or print) ARTHUR ' RICE DEATH WILLARD 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR! IF UNDER 24 HRS. Months MALE WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY . 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, evan if retired) Greenhouse U.S.A. CUMBERLAND, MD. Ret. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur MJ. RICE Sarah EL HENDERSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) 217-30-1593 CUMBERLAND, MD. MEMORIAL HOSPITAL. 18. CAUSE OF DEATH [Entar only one ceuse par line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 23 Days IMMEDIATE CAUSE (a) DUE TO dente Carly Country Divers Conditions, if any, which gave risa to immediate ceuse DUE TO (a), slating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMEO? NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Year (State) factory, streat, offica bldg., atc.) Not While et work at work 6. 19 to March 1962 that (1) (we) last 26.19.62 and that death occured 81.55. A. Hom the causes and on the date stated above, 22a. SIGNATUR DIRECTOR 22c. PHYSICIAN'S OVERTON HIMMELWRIGHT 133 VIRGINIA AVE., CUMBERLAND, MD. 123c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Mt. Herman Cem. Burial Cumberland, Md. **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Charles L. George Cumberland. Md. DATELAN 2 9 '62 Chillian & Thrus

LAND STATE DEPARTMENT OF HEALTH

and cor FUNERAL OFA VR A15 (4) 15M 7/61

· salet for

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	02647	CERTIFICA	ATE OF DEATH	Reg. Dis	No. 02638
1	1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (Where decease o. STATE Maryland	b. COUNTY	e before admission)
	b CITY OR TOWN (If outside corporate limits, a RURAL and give negrest town) Cumberland	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	_	ive nearest town)
	d. NAME OF HOSPITAL fil not in hospital, give or institution 441 N. Centre St	· ·	d. STREET ADDRESS 441 N. Cent	re St.,	e. IS RESIDENCE ON A FARM? YES NO A
	3 NAME OF First DECK ASED (Type or print) BESSI		RIZER 4. DATE OF DEATH	March	Day Yeor 1, 62
	Female White w	IDOWED DIVORCED	July 2, 1882	79 yrs. Months	TYEAR IF UNDER 24 HRS Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work don during most of working life, even if relired) HOUSEWITE	Own home	Carlos, Md.		U. S. A.
	Thomas Barnett		14. MOTHER'S MAIDEN NAME Elizabeth	(Unknown)	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES [Yes, one wor or dotes of service	None Mrs	NFORMANT S. Rhoda Lear 44	Address 11 N. Cemtre	St., Cumb
	18 CAUSE OF DEATH [Enter only one couse PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	gorardial infare	Qui.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (b), stoting the under-	advant	Corney Certing	Selevous	3 4 42
	lying couse lost. (c)	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
	YES NO (CONTRIBUTING CONTRIBUTING AUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL			ACE OF INJURY (Home, form, 20f (Cil	y or town) (Co	ounly) (State)
	21. I certify that I attended the de				
l				Street, city or lown, state)	DATE SIGNE
	ACTUAL SIGNATURE LUAS (ACCEPTATION DE PHYSICIAN'S INTERESTED DE PHYSIC		M.D. 441 N. Ce		3/1/62
	PHYSICIAN'S UTilliam D	Tamac M Th	Cumberlan	n Mrd	

220. BURIAL, CREMATION, REMOVAL (Specify) Burial

3/3/62 23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George

22c. NAME OF CEMETERY OR CREMATORY Hillcrest Burial Cumberland, Md.

Park Cumberland, 240. REC'D BY REGISTRAR

Maryland 24b REGISTRAR'S SIGNATURE



NT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) ${\tt FROSTBURG}$ YRS. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? STREET YES NO T MAIN 3. NAME OF Middle DATE Last DECEASED OF (Type or print) DEATH RIZER MARCH 19 and cor ¥.i⊁ 6. COLOR OR RACE AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Hours WIDOWED X DIVORCED 48 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WATTRESS MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Hyes give war or detes of service) that 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] WINEBRENNER FROSTBURG INTERVAL BETWEEN
OBSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** - vive et go soons Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert I of item 18.) 20e ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. Month, Day, Yeer 20f. (City or town) (County) (Stefe) While Not While factory, street, office bldg., etc.; Hour a.m. at work at work 10 - m saw the deceased alive on. 220 SIGNATURE 22b. DATE STAFF SIGNED DIRECTOR PHYS. | PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) National Hwy., LaVale, ector. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 0 # 3 (Specify) BG MEMORIAL MD 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7761 arthur & Kruns DATE



CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH a. COUNTY Allegany b. COUNTY Mary land by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate fimits. c LENGTH OF STAY IN 16 write RURAL and give neegest lown) /1960 Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS Allegany County Infirmary completely 3. NAME OF Middla Last 4. DATE DECEASED OF Sallv (Typa or print) Pearl Shipley DEATH March SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER | YEAR and last birthday) Female WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) done during most of working lifa, avan if ratirad) None West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending John R. Shipley Nancy Bell Dawson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT P.O. Box 599 Address Cumberland. Md. [Yas, no, or unkown]) (If yas giva war or datas of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) stiles, Cha, degeneralist Conditions, if any, which gava risa to immediata causa. **DUETO** (a), stating the undarlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 950 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) j (IF EITHER, NOTIFY MEDICAL EXAMINER! SCTOR: Alle. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm,) 20f. (City or town) fectory, street, office bldg., etc.) Hour a.m. Whila Not While at work at work saw the deceased alive on.... 22a S GNATUR ATTENDING D RECTOR PHY5 M.D. FUNERAL 22c PHYSICIAN 22d. ADDRESS NAME (Type) Greene St.. Cumberland. ector, filed Mathews 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) - B OL BURTAL CAMP HILL CEMETERY 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 7/61

certificate

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

USUAL RESIDENCE (Where dageased lived, If institution, Residence before admission) Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM?

611 Hill Top Drive

YES NO 2 1962

U. S. A.

IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY?

Allegany County Infirmary records ONSET AND DEATH

WAS AUTOPSY PERFORMED?

62., 19 ..., that (I) (we) last

NO

(Stata)

22b DATE

1962 SIGNER

(Stata)

25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CHMBERLAND, MD.

(County)

* 4				
		,	,	-
P				
* • d	_			
		* •		

PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02650 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution in Residence before admission) a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 a. IS RESIDENCE hospital advess) completely 4. DATE 3. NAME OF Ms ddle DECEASED (Typa or print) AGE In years , IF UNDER I YEAR 8. DATE OF BRTH NEVER MARRIED 7. MARRIED last birthday) Months DIVORCED 10b. KIND OF BUSINESS OR INDU 12, CITIZEN OF WHAT COUNTRY 13. FA attending partending parten please 1 16. SOCIAL SECURITY NO.I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Tropor Linkown) (If yas giva war or dales of service) 16 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial failure 6 wk. IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic heart disease Conditions, if any, which (b) gava rise to immadiata ceuse DUE TO (a), stating the underlying Generalized visceral failure PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? Diabetes mellitus 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH None (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) [County] (State) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., atc.) While Not While Hour a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from May 16,, 19 52 to March 2, 19 62 at (I) (we) last 19.62, and that death occurred at 6.45 trAM the causes and on the date stated above. saw the deceased alive won March -62 SIGNED 22b. DATE ATTENDING 12 DIRECTOR PHY5. 22d. ADDRESS 140 Bedford St. Cumberland, Md 23d, LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. CRIMETERY OR CREMATORY 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 15M 9/60 0 10



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH USUAL RESIDENCE (Where daceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY 42 2 2 2 Allegany MARYLAND Maryland Allegany
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 write RURAL and give nearest town) Frostburg Frestburg wks. þ d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO-Miners Hospital Beall Street completely 3. NAME OF Middle DECEASED OF pa DEATH (Type or print) BARBARA SLINGLOFF physician and con remove carbon 3 AGE (In years | IF UNDER 1 YEA) COLOR OR RACE B. DATE OF BIRTH 7. MARRIED THEYER MARRIED 54 birthday) 11-29-07 Months Deys WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U.S.A. Own home Housewife Shaft Md MOTHER S MAIDEN NAME 13. FATHER'S NAME Benjamin Quinn Barbara Knapp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [(Hyes give war or dates of service) Albert restbur 18. CAUSE OF DEATH [Enter only one cause per line for (a), ,b], end (c). INTERVAL BETWEEN ONSET AND PRATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gava rise to immediate causa DUE TO (a), stating the underlying cause last. PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of in gry in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (Stete) 20c. TIME OF INJURY [County] Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work al work 21. I certify that (I) (this hospital) affended the deceased from. saw the deceased alive on Land that death occured at Jam, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE STAFF ATTENDING & DIRECTOR FUNERAL ADDRES 22c PHYSICIAN'S NAME (Type) ò, 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY DATE THEREOF REMOVAL (Specify) OH Frostburg Memorial Frostburg Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Funeral Home 15M 7 61 DATE MAR 3 0 '62 Colling & House Main. Frestburg, Md

MARYLAND STATE DEPARTMENT OF HEALTH



LAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES X NO .

IF UNDER 24 HRS.

ONSET AND DEATH

PERFORMED? YES NO

(Stete)

22b. DATE SIGNED

8 completely and Гетпоуе VR A15 (4)

15M 7/61



3 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
FOR STATE	02653 MEDICAL EXAMINER'S CERTIFICA	TE OF DEATH 02644		
HEALTH DEPT.	1. PLACE OF DEATH	VCE (Where deceased lived, If Institution: Residence before admission)		
>8 . £ ~~	a. COUNTY	L COLDITY		
r. Page files. Health		(If outside corporate limits, write RURAL and give nearest town)		
S S S S S S S S S S S S S S S S S S S	write RURAL and give nearest town)			
direction and ared	Cumberland / Days / Western d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) / d. STREET ADDRESS			
2-2-2-1-1		ON A FARM?		
tuny e funeral tained fo State Bo eath.	Memioral 109 Kalba	Ugh YES NOTE Month Day Year		
he f he f e Si dea	DECEASED	OF 16 .62		
fer to the	Total Robert Spriggs	19. AGE (In years IT UNDER I YEAR I IF UNDER 24 HRS.		
d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3	White	lest birthday) Months Days Hours Min.		
ser of se	108. USLAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY , 11, BIRTHPLACE (State	(2 yrs.		
s 1, 2 age 1 and 72	done during most of working life, avan if relired)			
ges ges Pa as 1	Janitor Church Maryland 13. FATHER'S NAME	U.S.A.		
24 hour PM3. P				
2 1 S LEE .	John T. Spriggs Augusta F	- -		
within 18. Given with form	15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((fryasgivawarordatesofservica)	Address		
ed y		irds-Keyser, W. Va.		
P Cut	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH		
exection along ransit	IMMEDIATE CAUSE (a) Pulmonary embolism; Fatt;	y emboli of Brain 2-3 Days		
ind be to pen fiice fiice frial-t	9 0 S C DUE TO			
ould to Office Office burial noval	Conditions, if any, which (b) Intertrochanteric fractu	re left femur 6 Days		
ing's and services are services and services and services and services and services are services and services and services and services are services are services and services are services and services are services are services and services are services	gave rise to immediate cause (a), stating the underlying DUE TO			
end end ed a	cause last, (c)			
This certificate word "pendin dical Examiner uld be used as cremation, or or any or an	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 200. EXTERNAL CAUSE WAS 200. DESCR BE HOW INJURY OCCURED. [Enter nature of injury in Part National Course of Death.] Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERM 200. DESCR BE HOW INJURY OCCURED. [Enter nature of injury in Part National Course of Death.]	YES NO 🖸		
. 9 0 0	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. 206. DESCR BE HOW INJURY OCCURED. (Enter natural of injury in Page PRIMARY OF DEATH. Pell in Basement: while f			
	TOTAL TIL DODOMOTIO MILITIO I	iring furnace		
writing Chief age 3 to buri	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF NJURY (Home, far Hour a.m. While Not While Indian Not	rm, 20f. (City or town) (County) (State)		
Mark Jan Control		Westernport, Alleg. Md.		
icate, icate to the the prior	21. I certify that I took charge of the remains described above, held an Autopsy X.	Inspection . Inquiry . and in my opinion		
at Cariffication (death resulted from: Natural causes	Undetermined manner		
TEDIC the centrolled The centrolled DIRE	CHIEF MEDICAL	EXAMINER		
MEI forwing L DI	SIGNATURE Denedict Skitarelic MD ASSISTANT ME	DICAL EXAMINER DATE SIGNED		
PUTY 1	DEPUTY MEDICA	AL EXAMINER X March 16, 1962		
A des	NAME (Type) BENEDICT SKITARELIC, M.D. Addrass (Streat,	city town, or county R 9 Cumberland, Md		
8 년 년 5	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)	22d. LOCATION (City, town, or country) (State)		
5 2 4 G 9	Burial 3/20/62 Philos	Westernport Md.		
VS. AISME		C'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		
5M 9 60	Boa Westernport, Md. DATE	who will do Marie		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Rasidence before ed n ssion) us new director. Per-vour files. a. COUNTY **b.** COUNTY b. CITY OR TOWN (if outside corporate lim ts, MARYLAND Maryland Allegany
c. CITY OR TOWN (If outs de corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d STREET ADDRESS Lonaconing
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street eddress) . IS RESIDENCE Por ON A FARM? Church Street Church Street YES NO X 3. NAME OF Middla DECEASED OF (Type or print) 19 62 Patrick Stakem DEATH March 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR | B. DATE OF BIRTH IF UNDER 24 HRS 1 Months Months Male WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) I 12. CITIZEN OF WHAT COUNTRY? lem 18. Give Pages 1, 2, with form PA/3. Page 5 permit. Alle pades 1 done during most of working life, even if retired] State Road Lonaconing, Maryland Laborer pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Winifred Graney Richard Stakem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORMANT (Yes, no, or unknwn) (liyesgive werer detes of service 212-18-1124 Mrs.Patrick Stakem Lonaconing, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION SUDDEN DUE TO CORONARY SCLEROSIS WITH THROMBOSIS (b) merve rise to immadiata causa DUE TO (a), stating the underlying Examiner PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0), 19, WAS AUTOPSY PERFORMED? NO P edical 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 1 20f (City or town) Month, Day, Year (County) (Stata) factory, street, office bldg., atc.) While Not While et work et work O.R. forwarded to I 21. I certify that I took charge of the remains described above, held an Autopsy 🙀. Inspection 🛖 Inquiry 🖅 and in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be to DEPUTY MEDICAL EXAMINER March NAME (Type) Address (Street, city, town, or county) R9 Cumberland Md.

TORY (22d, LOCATION (City, fown, or country) (5/8/e) NAME (Type) BENEDICT SKTTARELIC M.D. Addr 228. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40 Sunset Memorial 죱 Burial 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME George Eichhorn Lonaconing. Md. LUMB S. Thans SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hyad, if institution: Residence before admiss on) a. COUNTY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) # LENGTH OF STAY IN 16 write RURAL and give nearest town? = CHERRIAND oly filled in rs. Pages 1 hours after day d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS completely 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH AGE (In year | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE and co 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED TO DIVORCED MALE WHITE IDD. USUAL OCCUPATION (Give kind of work 76 yrs. remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) dona during most of working I fe, even if retired) Retired Teller Bank CUMBI BLAND MARYTAND 13. FATHER'S NAME Tgnatus Stegmaier Catherine Matt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) (If yes givawar or datas of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) _ PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118: 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of in usy in Part t or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 201. (City or lown) factory, street, office bldg., atc.) While Hour a.m. Not While at work et work 21. I certify that (1) (this hospital), attended the deceased from 3/4 22a SIGNATURE ATTENDING STAFF DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) CENTRE STREE 23d, LOCATION (City, town or county) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23e BURIAL CREMATION. REMOVAL (Specify) SS. Peter & Paul Cemetery Cumberland, Md. Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Ecarrelli. Cumberland, Md.

RYLAND STATE DEPARTMENT OF HEALTH

ALLEGANY

Davs

12. CITIZEN OF WHAT COUNTRY?

II-S.A.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stata)

22b. DATE

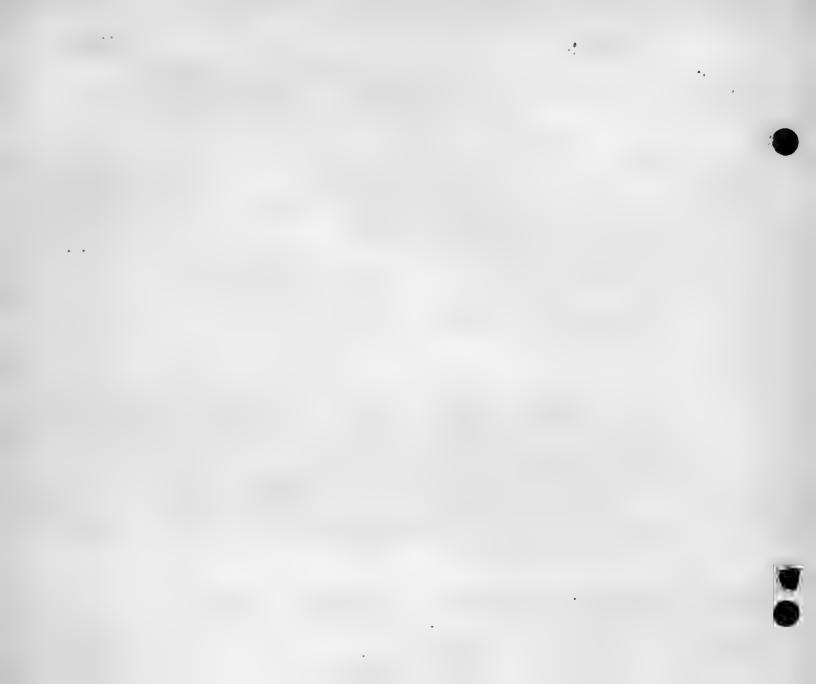
YES

(County)

cur har S. Times

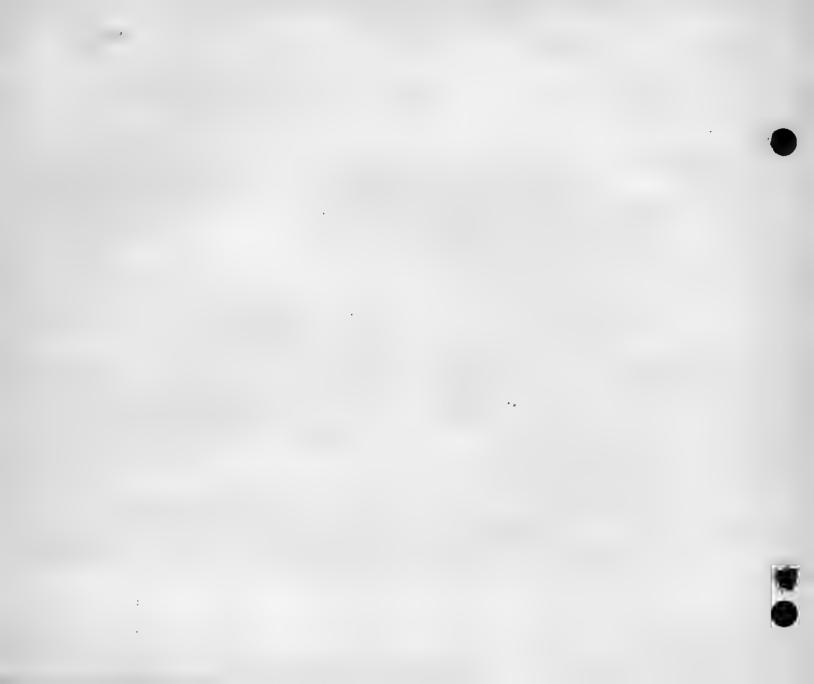
a. IS RESIDENCE ON A FARM? YES NO

VR A15 (4) 1SM 7,61

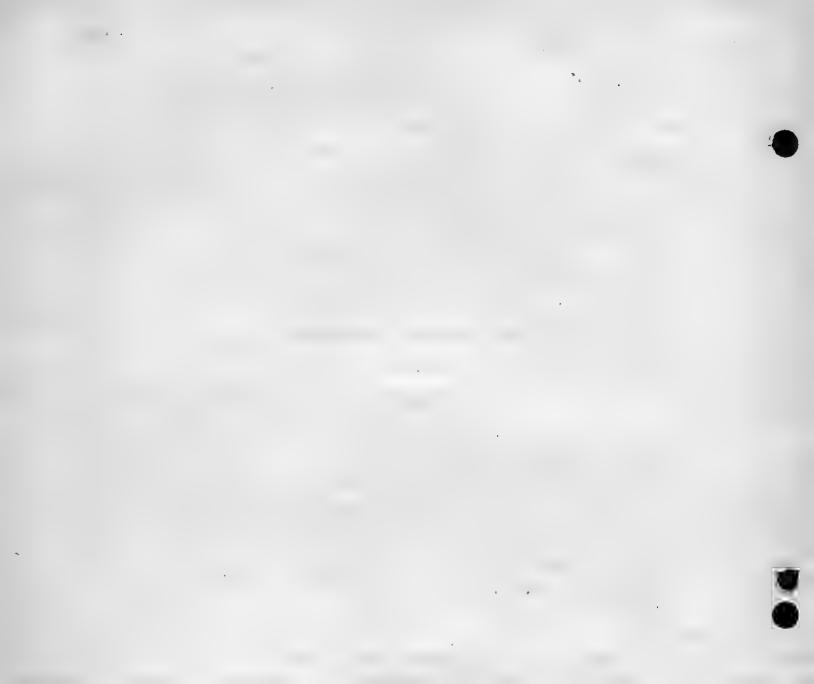


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) e. COUNTY **B**27 ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN It outside corporate limits, write RURAL and prowrite RURAL and give nearest town) CHMBERHAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? SACRED HE RT HOSPITAL YES NO Z 3. NAME OF First Middle Day DECEASED OF (Type or print) HARRY DEATH STEIN MARCH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 19. AGE In years | IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) Months Days MALE WIDOWED [2] DIVORCED [10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY Y 11. BIRTHPLACE (County & Stele, foreign country) 16. SOCIAL SECURITY NO. | 17. INFORMANT or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH Enter only one cause per line (or)(a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (+ DUE TO (b) geve rise to immediate cause DUE TO (e), stating the underlying cause last. WAS AUTOPSY PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE TON PERFORMED? YES | NO 20e ACCIDENT WAS UNDERLYING] 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH IF E THER, NOTIFY MEDICAL EXAMINER, 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, ; 20f. (City or lown) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, straet, office bldg., etc.) While Not While Hour a.m. et work [et work 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on Manage 22e. SIGNATURI ATTENDING I MED DIRECTOR PHYS. PHYS. FUNERAL ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEBEOF F G 0 REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNER VR A15 (4) 15M 7161 " un & Prime

RYLAND STATE DEPARTMENT OF HEALTH



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE **b.** COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CUMBERLAND CUI BLKLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO SACRED HEART 3. NAME OF Middle DECEASED OF (Type or print) CLARENCE FRANCTS 6. COLOR OR RACE AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) Months Days Hours MALE WIDOWED -DIVORCED attending physician a Then please remove c 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. B AND O CONDUCTOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY SWETTZER LENA STROTT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, ag, or unkown) [[fyesgive werer detes of service] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gastrointestinal Hemorrhage IMMEDIATE CAUSE (a) DUE TO 2 months Chronic congestive heart failure Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying (c) Pulmonary Emphysema with Cor Pulmonaire year cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS ALTOPSY CERTIFICATION PERFORMED? Pulmonary Tuberculosis, inactive NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, [County] (State) 20c. TIME OF INJURY 20f. (City or town) Month, Day, Year While factory, street, office bldg., etc.) Not While et work et work becased from February 10 19 62 to March 16, 19.62, that (I) (we) last 62, and that death occured al. 3320, from the causes and on the date stated above. 21. I certify that (i) (this hospital) attended the deceased from. March 16, 19 saw the deceased alive on 228_ SIGNATURE 22b. DATE ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 114 N. Mechanic St., Cumberland, Md. Doerner, Jr., M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. BURIAL, CREMATION, 23b. 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATUR VR A15 (4) MAR 2 0 '62 Cathun S. Fliana



02658

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02649

	PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Reb. COUNTY	esidence before admission}		
	b. CITY OR TOWN (If outside comporate limits, wri	c. LENGTH OF STAY IN 16 80 Years	11	utside corporote limits, write RURAL mberland	and give nearest town)		
	d NAME OF HOSPITAL (If not in hospital, give strong institution 306. Decatu		d. STREET ADDRESS 306. Deci	atur St	e IS RESIDENCE X ON A FARM? YES NO		
1	3 NAME OF First DECEASED (Type or print) Minnie	Middle Frances	Troxell	4. DATE Month OF DEATH MArch 10	Day Year 19 62		
	Power la Libration	ARRIED NEVER MARRIED NOWED DIVORCED	B DATE OF BIRTH February 12		NDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.		
	10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sales Woman	Ob. KIND OF BUSINESS OR INDUS Dept Store	Penne Penne	or foreign country)	2 CITIZEN OF WHAT COUNTRY? USA		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
	Solomon Troxell		Kate Welty				
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give wor or dates of service)	, Cumberland, Md.					
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	PARTITION GIVEN II	ONSET AND DEATH N PART 1(o) 19 WAS AUTOPSY PERFORMED?		
	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I ar Part II of item 18.)	YES NO		
	Haur o. m. W	d. INJURY OCCURRED 20e. PL hile Not while work at work	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)		
	21 1 certify that (1) (this haspital) attended the deceased fram. 7 2 1 6 196 4 to MARCH 10, 196 4 that (1) (we) last saw the deceased alive any MARCH 7 196 4 and that death accurred at AM, from the causes and an the date stated above.						
	20. SIGNATURE De 12, 20	22 4	M. D. PHYS. ATTENDING ME		22b. DATE SIGNED		
	22¢, PHYSICIANIS NAME (Type)		Alg ty	gum Hatel	Centulary		
	23d BUR AL, CREMATION. 23b DATE THEREOF Mar 13 196	2 Rose Hill Ce		Cumberland, Md.			
\	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 256 REGISTRAL			
3	Byron Kight	Cumberland, Md	DATE I AD	1 3 '62	? Flores		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after account. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

ifter death. Page 4

VR A15 (4) 1SM 9/59



MI	PLACE OF DEA	LLEGANY	MARYLI	a. STATE	MARYLAND	1 dellema		
	write RURAL CUMBE REA NO")		12 DAYS		MOUNTAIN LAKE PARK			
i		MEMORIAL HOSE	/RWINGKRIPAVESIÇEN ADDIESS PITAL	d. STREET ADD	DRESS			ON A FAI
3	NAME OF DECEASED (Type or print)	First TER	Middle LYNN	VAHOVICK	4. DATE OP DEATH	Month MARCH 3	Day	19 62
F	EMALE	6. COLOR OR RACE WHITE ATION (Give kind of work	7. MARRIED NEVER MARRIED WIDOWED DIVORCED 100 KIND OF BUSINESS OR IF	10-10-1	961	yrs.	30th 21	Hours M
	done during most of	working life, even if retired	none		[County & Stere, or for RG N A A	ore gn country)	U. S.	
		LD E. VAHOVI	CK CES7 16. SOCIAL SECURITY NO		E J. CLARY			
2	Conditions, if gever lise to Imm [e], stating the cause last.	ediate ceuse underlying DUE TO	Pheu ments	7	Tere!	ONDITION GIVEN	IN PART He) 19	WAS ALTO
Fear	OR CONTRIBUTE (IF EITHER, NOT 20c. TIME OF II	η,	20b. DESCRIBE HOW INJURY OC 20d INJURY OCCURRED 2 While Not While et work at work		e, farm, 20f. (Gity		(County)	(State
		that (I) (this hospit	al) attended the deceased	from May 2:45.7	at M, from			, , ,
		eased alive on M2.	- 40		4450	CTAPE		31
To delete delle	saw the dec	a. Reite	HA. REITER	M.D. ATTENDING PHYS. 22d. ADDRESS	S	ST., CUN	Marci BERLAND	9

MADVI AND STATE DEPARTMENT OF REALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02651 MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admiss on) y is necessary, I director, Page or your files. e. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate I m is, write RURAL and give nearest town) write RURAL and give nearest town) HOURS CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) for Boar d. STREET ADDRESS a. IS RESIDENCE the funeral or retained for he State Boa ON A FARM? MEMORIAL HOSPITAL 225 BALTIMORE AVENUE YES NOX death 3. NAME OF 4. DATE Middle Month to the DECEASED OF the (Type or print) HOMER WHIP D_{-} DEATH after MARCH 19 62 or 24 hours after death.

Value Pages 1, 2, and 3 to

PM3. Page 5 may be

e pages 1, and 2 with the

tywithin 74 hours after 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR | IF UNDER 24 HRS lest birthday) Months | Days Hours 1887 MALE WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CUMBERLAND VALLEY. PENN. metired Freight Agent Baltimore & Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Giv∎ Pr E ALICE ROSE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address регтіт. (Yes, no. or unkown) (If yes give wer or deles of service) with any MEMORIAL HOSPITAL CUMBERLAND. MD. 705-05**-**4484 "in pencil in lier Office along w buriel-transit pr 18. CAUSE OF DEATH [Enter only one cause per I no for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SHOCK. INTRAABDOMINAL HEMORRHAGE IMMEDIATE CAUSE (a) 2-3 Hrs. DUE TO removal RUPTURED ABDOMINAL ARTERIOSCLEROTIC writing the word "pending" in the Chief Medical Examiner's Of Page 3 should be used as a bur in to burial, cremation, or remov Conditions, if any, which (b) gava risa to immadiata cause DUE TO ANEBRYSM (a), stelling the underlying causa last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item IB.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or lown) (County) (Steta) factory, street, office bldg., atc., While Not While R: Pa to the OR: P prior at work at work ite the certificate forwarded to It 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry 1x and in my opinion death resulted from: Natural causes 30 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forw: FUNERAL DII r its designated ACTUAL ASSISTANT MED.CAL EXAM, NER DATE SIGNED SIGNATURE March 31. 1962 DEPUTY MEDICAL EXAMINER IX EXAMINER'S BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county) R9 Cumberland, Md NAME (Typa) 224. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 Burial Hillcrest Burial Cumberland Maryland 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME IN archur S. Thous APR 2 162 Ruth E. Silcox Cumberland 5M 9/60 Maryland DATE



VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 02652

CERTIFICATE OF DEATH

M.	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)					
Л	Allegany Manyland	Maryland b. COUNTY Allegany					
1	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)					
L	write RURAL and give nearest town) Cumberland 8 Years						
-	d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address)	Cumberland / d. STREET ADDRESS 8. IS RESIDENCE					
		ON A FARM?					
	428 Forester Avenue	428 Forester Avenue YES NO X					
	3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Year					
		Wonn DEATH March 23 19 62					
Ж	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
Л		ebruary 28,1875 87 yrs. Months Days Hours Min.					
10a. JSUAL OCCUPATION (Give kind of work 110b. KIND OF BUSINESS OR INDUSTRY 11) RIETHP, ACF (County & State or foreign country) 12. CIT-ZE							
Ш	done during most of working life, even if retired) Housekeeper At Home	Maryland U.S.A.					
+	13. FATHER'S NAME	Fiaryland U.S.A.					
	Samuel Edmiston	Permelia Jane Collier					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II. (Yas, no, or unkown) [(Ifyesgivewerordetasofservice)]	MFORMANT 428 Forester Avenue,					
	No None Mrs	s. Duke Burger Cumberland, Maryland					
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN					
П	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Arteriosclerotic Cardio-vascular Disease lo year:						
	DUE TO						
	C. (1)						
	gave rise to immediate couse						
	(a), stating the underlying DUE TO						
	cause last. (c)						
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO Diabetes Me. 206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUPED. OR CONTRIBUTING CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?					
	Diabetes Me						
	206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I or Pert II of Item 18.)					
- 1							
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
- 3	Mour e.m. While Not While tector is to work at work in the state of t	ory, straet, office bldg., etc.)					
- 1		10 - 2, 19 58 to 3 - 23, 1962 that (I) (we) last					
		death occured at 20M, from the causes and on the date stated above,					
		death occured at					
	220. SIGNATURE	ATTENDING MED. STAFF 3 31. 60 SIGNED					
	Eugh 6 Bellin M.						
	22c. PHYSICIAN'S NAME (Type) Ralph W. Ballin, M.D.	62 Greene St. Cumberland, Md.					
		or disciso so, competitatio, no.					
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)						
	Burial 3/26/62 Hillcrest Burial Park Cumberland Maryland						
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE						
	Ruth E. Silcox Cumberland Maryland DATE MAR 27'62 Cultur S. Thank						
L	I DAIL WHITE I OF I						



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) e. COUNTY Page files. Health, **b. COUNTY** Allegany Mineral MARYLAND b. City OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) director. write RURAL and give nearest town) Cumberland Wiley Ford one week d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) for d. STREET ADDRESS . IS RESIDENCE 3 to the funeral ON A FARM? Memorial Hoscital retained State 3. NAME OF 4. DATE Month DECEASED with the (Type or print) DEATH C. Vaider March 18 19 62 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH As 1, 2, a Page 5 ma 1 and 2 wn 9. AGE (In years J.F UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Jan. WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 105, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ould be executed within 24 hours a in pencil in Item 18, Give Pages 1, USA Steel Worker Construction Cumber Land. Md. pages | within P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel A. Yaider Alice V. Dibert FOTH 5. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) | (Ifyesgive war or dates of service) :17-10-6721 Mrs. wm. C. Yaider, Wiley Ford, Va. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Intraabdominal Hemorrhage, Massive Sudden IMMEDIATE CAUSE (e) J"pending" in pen Examiner's Office s used as a burial-trion, or removal, **DUE TO** Ruptured Arteriosclerotic Aortic Aneurysm gave rise to immediate couse DUE TO (e), stefing the underlying Medical Examiner should be used as cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIGHT 19. WAS AUTOPSY CERTIFICATION certificate, writing the word rded to the Chief Medical E. IECTOR: Page 3 should be PERFORMED? YES INO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part | or Part || of Item 18.) PRIMARY | or CONTRIBUTING | ie 3 sho burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) forwarded to the CI L DIRECTOR: Page factory, street, office bldg., etc.) While Not While MED! et work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection XI. Inquiry 13. and in my opinion death resulted from: Natural causes X Accident . Su'cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ease execute the designated should be for DEPUTY MEDICAL EXAMINER X March 18. 1962 BENEDICT SKITARELIC, M.D. Add Address (Street, city, town, or county) Cumberland. Md. NAME (Type) 226. BURIAL, CREMATION, 226. DATE THEREOF 22d, LOCATION (City, Jown, or country) REMOVAL (Specify) 240 g Lt. Herman Cemetery Burial Cumber Land. 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE V5. A15MÉ James F. Scarpelli, Cumberland, Ma. - what & Flames 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0" CERTIFICATE OF DEATH funeral 1. PLACE OF BEAT 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss on) a. COUNTY b. COUNTY a. STATE 22 Allegany MARYLAND c. CITY OR TOWN IT outside corporate limits, write RURAL and give markets ъ b CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 write RURAL and give neerast town) "Rural" DITAL OPINSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? YES NO Miners Hospital 3. NAME OF Middle Last A. DATE Month Year DECEASED 16 **Iates** March 62 (Type or print) Laura DEATH 19 and col 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR A. DATE OF BIRTH IF UNDER 24 HRS. ast_birthday] Female WIDOWED X D VORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP. ACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Marvland None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Edwards Marv E. Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (lifyes give wer or dates of service) Allen Yates Lonaconing. Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED 20a ACCIDENT WAS UNDERLYING [7] 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2De. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work saw the deceased alive on 22a S GMATURE 22b. DATE SIGNED DIRECTOR PHYS. 22c. PHYSICIAN S NAME (Type) LOCATION (City town or county) 23a. BURIAL, CREMATION, 23b. REMOYAL ISpecify) Park Frostburg Md. Memorial256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR ATS (4) MAR 2 0 '62 Circling & Trans DATE Lonaconin

completery

ARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) ALLEGANY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 63 DAYS CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 46 BOONE STREET YES NO Y completely 3. NAME OF Middle 4. DATE Dey Month Year DECEASED OF (Type or print) DEATH 19 LELIA M. YATES MARCH 30 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday Months Days Hours 1876 FEMALE WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & Stale, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) any VIRGINIA Kevser U.S.A. Housewife Ownhome 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRIETTA PARKER BAWDEN WILLIAM law requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(If yes give were r detes of service) physician. MEMORIAL HOSPITAL, CUMBERLAND, MD. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO attending if any, which gava risa to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20a, ACCIDENT WAS UNDERLYING [] | OR CONTRIBUTING [] CAUSE OF DEATH ILE EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED 201. (City or town) (County) (Stete) Month, Day, Year factory, street, office bldg., etc.) Hour a.m. el work et work DIRECTOR: p.m. atlended the deceased from 3/12 21. I certify that (I) (this hospital) io. 19, that (I) 19 and that death occured at 12:30 fr8M the causes and on the date stated above ATTENDING SIGNATUR 22b. DATE DIRECTOR PHYS. FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) S. CENTRE ST., CUMBERLAND, MD. 23d. LOCATION (City, town or county) 23s. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL [Specify] Burial Park Cumberland, Md. Burial ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 15M 7/61 Cirthung S. Maus James F. Scarpelli Cumberland, Md. DATE APR 3 '62



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission a. COUNTY is new lifes, for your files. Page b. COUNTY Allegany MARYLAND Maryland Allegany

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B 923 Bedford St. the fune YES NO K Frederick NAME OF Middle Year DECEASED OF 2 with the curs after de (Type or print) DEATH Marie Katherine Zimerla March 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. hours after deal Pages 1, 2, and 3 43. Page 5 may ages 1 and 2 within 72 hours last birthday) Months Hours Female WIDOWED DIVORCED January 5 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Cumberland Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Henry Zink Knoepp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17, INFORMANT (Yes, no. or unkown) | (Ifyes give wer or detes of service) No Mrs. Harry R. Yeafer Cumberland. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil Office afor burial-trans IMMEDIATE CAUSE (6) Coronary Occlusion Sudden **DUE TO** Conditions, if any, which Coronary Selerosia gave rise to immediate cause DUE TO word "pending dical Examiner" (e), sleting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(-) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 cremat NO should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.1 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. bur MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. el work et work 21. I certify that I took charge of the remains described above, held an Autopsy | |, Inspection Y Inquiry Y and in my opinion death resulted from: Natural causes X Suicide Homicide Undetermined manner forward L. DIRI CHIEF MEDICAL EXAMINER should be for ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO Cumberland Md. NAME (Type) Dr. Benedict Skitarelic Address (Street, city, town, or county) 22e. BURIAL, CREMATION | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 40 Burial March 30, 1962 Hillcrest Cemetery Cumberland Md.

240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23 JUNERAL DIRECTOR VS. A15ME arthur & House Frederick St. Cumb. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

HEMSE III BESTERS EN 41,000,000,000 - Collection of the collection and in the rate of the second The latest the second street of the second states and the second multiple reactive Barder & Kitareles .. .bl best tenne ollyrellE Seinenia . was Coldens Passed Lie and L. M. depair . Inches . Al , Leaf-Eastern A doubt the fact that the said the said